

Case Number:	CM14-0023624		
Date Assigned:	05/12/2014	Date of Injury:	06/16/2012
Decision Date:	07/10/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 36-year-old who reported an injury regarding her left upper extremity. The clinical note dated September 11, 2013 indicates the injured worker complaining of carpal tunnel syndrome symptoms on the left. The note does indicate the injured worker utilizing the right hand more resulting in pain and numbness at the wrist and hand on the right. The injured worker reported dropping objects with the right hand and continues to have swelling, tingling, and pain. The clinical note dated October 23, 2013 indicates the injured worker's left hand and wrist essentially is healed following the carpal tunnel release. Minimal pain was identified at the left hand. However, the injured worker continued with complaints of dropping objects with the right hand. The note indicates the injured worker having a positive Tinel's sign on the right and a progressive nature of the symptoms continues with tenderness at the dorsum of the right hand and pain with dorsa flexion. The electrodiagnostic studies completed on January 6, 2014 revealed findings consistent with a left carpal tunnel syndrome and a right cubital tunnel syndrome. The clinical note dated January 15, 2014 indicates the injured worker showing a positive Tinel's sign over the right cubital tunnel. Tenderness continued at the dorsum of the right wrist. The clinical note dated January 17, 2014 indicates the injured worker complaining of constant slight to moderate pain at the right and left hand and wrist as well as the forearm. Upon exam, the injured worker's wrists and hands show tenderness at the right carpal tunnel. No atrophy was identified. No evidence of instability or ganglion cysts were identified. There is an indication that the injured worker has undergone the use of a wrist brace, non-steroidal medications, and injections at the carpal tunnel. The injured worker was being recommended for a right sided carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

RIGHT CARPAL TUNNEL RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 267-270.

Decision rationale: The documentation indicates the injured worker complaining of right wrist pain. A carpal tunnel release is indicated for injured workers with confirmation of the injured worker's pathology by electrodiagnostic studies. The submitted EMG (electromyogram)/NCV (nerve conduction velocity) study revealed findings consistent with cubital tunnel syndrome on the right. However, no information was submitted confirming the injured worker's carpal tunnel involvement. The request for right carpal tunnel release is not medically necessary or appropriate.

PRE-OP INTERNAL MEDICINE CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

POST-OP PHYSIOTHERAPY 2 TIMES A WEEK FOR 3 WEEKS FOR THE RIGHT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.