

Case Number:	CM14-0028044		
Date Assigned:	06/16/2014	Date of Injury:	02/21/2008
Decision Date:	07/31/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/05/2014

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 Medicine, and is licensed to practice in Georgia and 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 59-year-old who reported an injury on February 21, 2008. The mechanism of injury was not specifically stated. Current diagnoses include carpal tunnel syndrome, pain in a joint of the shoulder, pain in a joint of the forearm, and pain in a joint of the lower leg. The injured worker was evaluated on February 14, 2014. The injured worker reported severe pain in the neck and shoulder, as well as pain in the right wrist. It is noted that the injured worker is scheduled to see a pain management specialist in March of 2014. Current medications include gabapentin, omeprazole, and Ambien. Physical examination revealed tenderness to palpation of the right wrist with positive Tinel's testing and decreased sensation on the left. Treatment recommendations included an appeal request for a right carpal tunnel release surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right carpal tunnel release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome Chapter, Carpal Tunnel Release Surgery (CTR).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management, and have clear clinical and special study evidence of a lesion. Carpal tunnel syndrome must be proved by positive findings on examination and supported by nerve conduction studies. As per the documentation submitted, the injured worker's physical examination only revealed tenderness to palpation with positive Tinel's testing. There is no mention of an exhaustion of conservative treatment. There were no electrodiagnostic reports submitted for this review. The request for an outpatient carpal tunnel release is not medically necessary or appropriate.

Pre-operative medical 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.

Outpatient physical therapy, three times weekly for four weeks: 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.