

Case Number:	CM14-0029858		
Date Assigned:	06/20/2014	Date of Injury:	12/29/2007
Decision Date:	08/13/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/10/2014

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 Surgeon, has a subspecialty in Hand Surgeon 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 54-year-old female who reported an injury on 12/29/2007 due to accumulative trauma while performing normal job duties. The injured worker's treatment history included physical therapy, splinting, and medications. The injured worker was evaluated on 02/18/2014. It was documented that the injured worker had continued pain and numbness complaints of the right wrist. There were no physical findings to support the injured worker's subjective complaints. The injured worker's diagnoses included bilateral carpal tunnel syndrome, spondylosis of the cervical spine, and spondylosis of the lumbar spine with a meniscal tear to the right knee. The injured worker's treatment plan included continuation of medications and night time splinting. A request was made for neuroplasty of the right median nerve at the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuroplasty of the Right Median Nerve at the Right Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Forearm, Wrist, & Hand (Acute & Chronic), Nerve Repair Surgery.

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

Decision rationale: The American College of Occupational and Environmental Medicine recommend surgical intervention for the forearm, wrist, and hand when there are clear clinical findings of functional deficits that are corroborated by an electrodiagnostic study or imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has previously undergone an electrodiagnostic study. However, an independent report of that diagnostic study was not submitted for review to support this request. Additionally, there is no indication that the injured worker has undergone any type of diagnostic injections to support the need for surgical intervention. The injured worker's most recent clinical documentation did not provide any significant functional deficits or quantitative objective measures to support the need for surgical intervention. As such, the requested Neuroplasty of the Right Median Nerve at the Right Wrist is not medically necessary or appropriate.