

Case Number:	CM14-0030246		
Date Assigned:	06/20/2014	Date of Injury:	06/16/2012
Decision Date:	08/07/2014	UR Denial Date:	02/18/2014
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 Surgery and is licensed to practice in California. 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 patient is a 36 year old female claimant with an industrial injury dated 06/16/12. Primary complaint was an injury to the left wrist. The claimant underwent a cortisone injection on 01/20/13, and then noticed the similar pain and numbness appearing in the right wrist as well. Exam demonstrates positive Tinel's and Phalen's on the right wrist. Exam note 02/10/14 mentions patient still reports right wrist stiffness and pain and takes motrin to cope. Previous treatments include wrist braces, NSAIDs, activity modifications, physical therapy, acupuncture and cortizone injections all providing little to no pain relief. EMG/NCV testing from 1/6/14 demonstrate left carpal tunnel and right cubital tunnel.

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 Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome, Carpal Tunnel Release.

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

Decision rationale: According to the MTUS/ACOEM Guidelines, Electrodiagnostic testing is required to eval for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case there is lack of evidence in the records from 1/6/14 of electrodiagnostic evidence of right carpal tunnel syndrome. Furthermore, there is a lack of evidence of failed bracing or injections in the cited records. Therefore the request for right carpal tunnel release is not medically necessary and appropriate.

Post operative physical therapy 2x per 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: As the requested surgical procedure is not medically necessary, the determination is for non-certification of postoperative physical therapy 2x per week for 3 weeks.