

Case Number:	CM14-0038133		
Date Assigned:	06/25/2014	Date of Injury:	03/11/2010
Decision Date:	08/21/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/01/2014

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 45-year-old female who has submitted a claim for bilateral carpal tunnel syndrome, left cubital tunnel syndrome, and fibromyalgia associated with an industrial injury date of 03/11/2010. The medical records from 2013 to 2014 were reviewed. The patient complained of pain, numbness and weakness at both hands and wrists. A physical examination showed weak grip strength, dysesthesia at median nerve distribution, positive Tinel's sign, and positive Phalen's test at bilateral wrists. The patient underwent right carpal tunnel release and reported improved symptoms. The treatment to date has included right carpal tunnel release on 10/31/2013, post-operative physical therapy to the right wrist, use of a splint at the left wrist, and medications. A utilization review from 03/26/2014 denied the requests for left carpal tunnel release, purchase of a motorized cold therapy unit compression, combo-STIM electrotherapy purchase, CPM machine rental x 30 days, and post-op physical therapy x 12 sessions because there was no documentation of failure of conservative management for the left wrist, including bracing, medications, activity modification, and cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Carpal Tunnel Release: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome chapter, Carpal tunnel release surgery (CTR).

Decision rationale: Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the ODG was used instead. According to ODG, carpal tunnel release surgery is recommended after an accurate diagnosis of moderate to severe carpal tunnel syndrome. For severe carpal tunnel syndrome, indications include muscle atrophy and severe weakness of the thenar muscles, two-point discrimination test > 6 mm, and positive electrodiagnostic testing. In this case, the documented rationale for surgery is to relieve nerve pressure and to diminish the risk of further damage to the nerve. The patient has a known case of left carpal tunnel syndrome. The patient complained of numbness and tingling of the left hand associated with weak grip strength, positive Tinel's and Phalen's signs, and dysesthesia at the medial nerve distribution. However, there was no documentation if patient had tried and subsequently failed physical therapy to the left wrist and cortisone injection. There was no evidence that all forms of conservative care had been exhausted prior to considering surgery. Guideline criteria were not met. Therefore, the request for left carpal tunnel release is not medically necessary.

Purchase Of A Motorized Cold Therapy Unit Compression: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome chapter, Carpal tunnel release surgery (CTR).

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

Combo-Stim Electrotherapy Purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome chapter, Carpal tunnel release surgery (CTR).

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

Cpm Machine Rental X 30 Days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Carpal Tunnel Syndrome chapter, Carpal tunnel release surgery (CTR).

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

Post Op PT X 12: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome chapter, Carpal tunnel release surgery (CTR).

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