

Case Number:	CM14-0039620		
Date Assigned:	06/27/2014	Date of Injury:	10/22/2010
Decision Date:	07/28/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/04/2014

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 claimant is a 50-year-old man who sustained a work-related injury on October 22, 2010. The records available for review document chronic complaints of pain to multiple body parts. Specific to the claimant's right wrist, the records reflect a current diagnosis of carpal tunnel syndrome. The physical examination findings dated February 18, 2014, showed a positive Phalen's and Tinel's test at the right hand with weakness noted to the abductor pollicis brevis. A bilateral upper extremity electrodiagnostic study dated September 23, 2013, shows moderate right carpal tunnel syndrome and mild left carpal tunnel syndrome. The records contain documentation of conservative care. This request is for a right carpal tunnel release and use of an assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release, QTY: 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery, Carpal Tunnel Release.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265,270.

Decision rationale: The California MTUS ACOEM Guidelines would support the request for a right carpal tunnel release procedure in this case. The claimant's records include the report of positive electrodiagnostic studies demonstrating moderate carpal tunnel syndrome, concordant findings on physical examination and failed conservative care. The claimant's clinical presentation is consistent with the ACOEM Guidelines criteria for carpal tunnel release, and this request is established as medically necessary.

Assistant Surgeon, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicare Services, Physician Fee Schedule Search, CPT Code 64721 ([http:// www.cms.gov/apps/physician-fee-schedule/overview.aspx](http://www.cms.gov/apps/physician-fee-schedule/overview.aspx)).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 18th edition: assistant surgeon Assistant Surgeon Guidelines (Codes 64704 to 65130) CPT® Y/N Description 64721 N Neuroplasty and/or transposition; median nerve at carpal tunnel.

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. According to Milliman Care Guidelines, the use of an assistant surgeon for carpal tunnel release surgery would not be indicated. Because the surgical field is limited and the procedure can be accomplished successfully by the primary surgeon, the current standard of care does not require an assistant surgeon. Therefore, this request is not medically necessary.