

Case Number:	CM14-0042208		
Date Assigned:	06/30/2014	Date of Injury:	06/26/2013
Decision Date:	12/31/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/09/2014

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:

According to the records made available for review, this is a 49-year-old female with a 6/26/13 date of injury. At the time (10/30/13) of request for authorization for left carpal tunnel release, pre-op medical clearance, and post-operative physical therapy three (3) times weekly for four (4) weeks, there is documentation of subjective (bilateral hand pain, numbness over left hand, and triggering left middle finger) and objective (positive Tinel's as well as Phalen's sign, weakness of intrinsic muscles, and decreased grip strength) findings, imaging findings (reported electrodiagnostic studies upper extremities (date unspecified) revealed mild to moderate left carpal tunnel syndrome), current diagnoses (left carpal tunnel syndrome and triggering left middle finger), and treatment to date (wrist support, physical therapy, and medications). There is no documentation of at least 2 additional symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)); and an electrodiagnostic report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Medical Clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260, 271.

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..

Left Carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260, 271.

MAXIMUS 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 (ODG) Carpal Tunnel Syndrome, Carpal tunnel release surgery (CTR)

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of positive findings on clinical examination and the diagnosis should be supported by nerve conduction, as criteria necessary to support the medical necessity of carpal tunnel release. ODG identifies documentation of at least 2 symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)), at least 2 findings by physical exam (Durkan's compression test, Semmes-Weinstein monofilament test, Phalen Sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness (thumb abduction), no current pregnancy, at least 3 conservative treatment measures attempted (activity modification \geq 1 month, wrist splint \geq 1 month, nonprescription analgesia, physical therapy referral for home exercise training, and/or successful initial outcome from corticosteroid injection trial (optional)), and positive electrodiagnostic testing, as criteria necessary to support the medical necessity of carpal tunnel release. Within the medical information available for review, there is documentation of diagnoses of left carpal tunnel syndrome and triggering left middle finger. In addition, there is documentation of at least 2 findings by physical exam (Phalen Sign and Tinel's sign); and failure of at least 3 conservative treatment measures attempted (wrist splint, nonprescription analgesia, and physical therapy). However, despite documentation of subjective (bilateral hand pain, numbness over left hand, and triggering left middle finger), there is no documentation of at least 2 additional symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)). In addition, despite documentation of medical reports' reported electrodiagnostic testing (mild to moderate left carpal tunnel syndrome), there is no documentation of an electrodiagnostic report. Therefore, based on guidelines and a review of the evidence, the request for left carpal tunnel release is not medically necessary.

Post-Operative Physical Therapy three (3) times weekly for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260, 271.

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.