

Case Number:	CM14-0044228		
Date Assigned:	08/06/2014	Date of Injury:	06/09/2010
Decision Date:	09/10/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/18/2014

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 New York. 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 67-year-old female with date of injury of June 9, 2010. The patient has numbness and tingling in the median nerve distribution the right hand. She's been using a wrist splint for a long time. She's had occupational therapy and continues to home-based exercises. Physical examination reveals positive compression test, positive Tinel's and positive Phalen's test at the carpal tunnel. There is 6 mm 2-point discrimination testing. The left hand also has positive compression and slightly positive Tinel's at the carpal tunnel. Electrodiagnostic studies in April 2013 identified evidence of prolonged median nerve distal motor latency and sensory latency bilaterally in the carpal tunnel region. The findings support diagnosis of carpal tunnel syndrome and bilateral cubital tunnel syndrome. At issue is whether endoscopic carpal tunnel surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Endoscopic Assisted Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation ODG-Carpal Tunnel Syndrome.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:MTUS & ODG Hand Chapter.

Decision rationale: This patient has residual carpal tunnel syndromes bilaterally despite conservative care. There is a note in the medical records from January 23, 2014 that states at the patient underwent a right carpal, release procedure. There is no operative report from this procedure the medical records. There is no clear discussion of the attempts at conservative care with physical therapy directed at carpal tunnel syndromes. A documented response to carpal tunnel injection is not clear. Criteria for right carpal tunnel release are not met in the medical records at this time. More documentation is required. It is unclear whether or not the patient did have previous carpal tunnel surgery. It is unclear as to the results of the injection for carpal tunnel syndrome and is also unclear as to how to diagnose of carpal tunnel has been specifically treated on the right side. Criteria for carpal tunnel surgery not met. The request is not medically necessary.

Post Op Hand Therapy 2 x 4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG- Carpal Tunnel Syndrome.

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.

PA Assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery In Orthopaedics states on the role of the First Assistant.

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.

Clindamycin 300mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/21975095>.

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.

Norco 5mg - 325mg tablets #60 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 47 and 48, Chronic Pain Treatment Guidelines Chronic Pain; On-going management Page(s): 79-80, 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioid Drugs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Criteria MTUS Chronic Pain Guidelines.

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

Pre-Op Labs: BMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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.

Pre-Op Meds: Clindamycin 600mg IVPB: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/21975095>.

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.