

Case Number:	CM14-0051676		
Date Assigned:	07/09/2014	Date of Injury:	07/08/2009
Decision Date:	08/15/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/18/2014

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 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 46-year-old female who was injured in a work related accident on 07/09/09. Clinical records for review include no formal documentation of electrodiagnostic studies. The treating provider indicates that the claimant has electrodiagnostic evidence of carpal tunnel syndrome bilaterally. The report of the 10/25/13, office visit noted continued complaints of wrist pain bilaterally. There was no formal documentation of physical findings in the records provide for review. There was also no documentation of the claimant's body mass index, height, weight or change in weight status was not noted. The recommendation was made for bilateral carpal tunnel release procedures, postoperative physical therapy, and referral to a weight loss program for further treatment in regards to the claimant's work related injury. The medical records also document that the claimant is status post right knee arthroscopic chondroplasty and partial medial meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Carpal Tunnel Release: Upheld

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

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

Decision rationale: California ACOEM Guidelines do not support the request for bilateral carpal tunnel syndrome. ACOEM Guidelines recommend that carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. The medical records do not contain the report of recent electrodiagnostic studies to confirm the diagnosis or evidence of formal physical examination findings to acutely support the need of operative intervention. The specific clinical request could not be indicated as medically necessary.

Weight Loss Program: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: Based on California ACOEM Guidelines, the request for a weight loss program would not be indicated. Clinical records for review give no indication of claimant's initial weight at time of injury or current weight at present. There is also no documentation whether the claimant has attempted weight loss through calorie reduction. A weight loss program in essence would be considered a personal lifestyle decision. Typically strategies to improve individual life risk factors such as weight loss, smoking cessation, seat belt use or fitness training would not fall under the realm of medical treatment. Without clear documentation of the claimant's weight gain as a direct result of her work related injury this request would not be indicated.

Post Op PT: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.