MAXIMUS Federal Services

Case Number:	CM14-0057061		
Date Assigned:	07/09/2014	Date of Injury:	04/04/2013
Decision Date:	09/29/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/28/2014

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 has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 47 year old male who sustained an injury to her right wrist on 04/04/13 due to cumulative trauma while performing usual and customary duties as a deli worker. The injured worker stated that on 04/04/13, he was packing sandwiches and noticed his right arm, hand, and wrist began swelling, followed by discomfort and pain. The injured worker saw the company doctor, was examined and Xray/MRI were conducted. The injured worker received a shot for the inflammation and was put back to work with restrictions. Treatment to date has also included medications, antiinflammatories, physiotherapy, muscle stimulator, shockwave therapy, and acupuncture treatment. MRI of the right wrist dated 07/31/13 revealed subchondral cyst/erosion at proximal head of the fourth metacarpal; no other gross abnormality noted. Progress report dated 10/30/13 reported that the injured worker continued to complain of bilateral wrist/hand pain radiating to the fingers. Physical examination of the bilateral wrist was within normal limits. The injured worker was diagnosed with bilateral wrist, left worse than right, secondary to carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal Tunnel release for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: The previous request was denied on the basis that there was no documentation of failure of conservative management for the right wrist (including bracing, medications, activity modification, and cortisone injection) and no documentation of electromyelogram to confirm the reported diagnoses. Given this, the request is not deemed as medically necessary. After reviewing the submitted documentation, there is no additional significant objective clinical information provided that would support reverse of the previous adverse determination. Given this, the request for carpal tunnel release for the right wrist is not indicated as medically necessary.