

Case Number:	CM14-0057324		
Date Assigned:	08/08/2014	Date of Injury:	01/28/2008
Decision Date:	09/11/2014	UR Denial Date:	04/11/2014
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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 46-year-old male who was reportedly injured on January 28, 2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated January 22, 2014, indicates that there are ongoing complaints of wrist pain, neck pain and back pain. The physical examination demonstrated a 5'7", 264-pound individual noted to be normotensive (128/84). There are ongoing complaints of dropping objects. Diagnostic imaging studies objectified a severe chapter neuropathy of the medial nerve (carpal tunnel syndrome). Previous treatment includes conservative care, medications, and pain management interventions. A request was made for surgical intervention (carpal tunnel release) and was not certified in the pre-authorization process on April 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Flexor Tenosynovectomy with Carpal Tunnel Release, Decompression Arterial Arch, Neurolysis Median Nerve, Tenolysis Flexor Tendon, Left Wrist Fasciotomy Distal Antebrachial Fascia, Exploration with Epineurolysis Median Nerve.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The records indicate that there is an entrapment neuropathy of the median nerve at the wrist. This carpal tunnel syndrome is reported to be severe; as such, a decompressive procedure for the median nerve is warranted. However, when noting the multiple others surgical request there is no clinical indication for the other procedures therefore, this request is not medically necessary.

PT/PTT and urine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines: Low Back, Preoperative Testing, General.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70 OF 127.

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

Chest x ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines: Low Back, Preoperative Testing, General.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70 OF 127.

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

Pulmonary Function test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines: Low Back, Preoperative Testing, General.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70 OF 127.

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

Physical Therapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Acupuncture x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Acupuncture.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 13 OF 127.

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

Wrist Brace and Smart Glove: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

TENS Unit for 5 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability Guidelines: TENS Criteria.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116 OF 127.

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

Micro Cool Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Syndrome Chapter, Cold Packs.

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 chapter updated March, 2014.

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

Home Exercise Kit for Hand/Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise.

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 chapter updated March, 2014.

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

DVT Pump for 2-4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and Leg Regarding Venous Thrombosis.

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 updated March, 2014.

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

Keflex 500mg, # 20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/keflex.html>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Ultram 50mg, # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 82, 113 OF 127.

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