

Case Number:	CM14-0062811		
Date Assigned:	07/11/2014	Date of Injury:	06/25/2012
Decision Date:	08/21/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/05/2014

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:

A 57 year-old claimant with a reported industrial injury on 6/25/12 with left forearm, neck, low back and bilateral hip injuries. Claimant is status post left knee arthroscopy on 7/17/13 with partial meniscectomy, chondroplasty lateral femoral condyle and medial femoral condyle with lateral retinacular release. Exam note 4/2/124 demonstrates complaints of pain in the left upper extremity including the left shoulder, left elbow and left wrist. Report is made of numbness and tingling to the entire left arm and hand. Report is made of severe pain and swelling to the left knee. Report is made of positive Phalen test with pain with flexion of the thumb. EMG/NCV studies from 12/7/12 demonstrate mild carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Carpal Tunnel Release QTY: 1.00: 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 Official Disability Guidelines (ODG), Carpal Tunnel Syndrome.

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and predict success in carpal tunnel release. This claimant in addition has global numbness in the left upper extremity per the exam note from 4/2/14. The guidelines also recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis which is not present in this case. There is mild carpal tunnel syndrome in the EMG/NCV report on 12/7/12. Therefore the determination is for non-certification as guideline criteria have not been met in this case.

Left Thumb trigger finger release QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Percutaneous release of trigger finger/thumb.

Decision rationale: CA MTUS/ACOEM is silent on the issue of trigger thumb release. Per the ODG, Forearm, Wrist and Hand, Percutaneous release of trigger finger and/or trigger thumb, it is recommended to perform steroid injection first prior to trigger thumb release. In this case there is no evidence of steroid injection from the records on 4/2/14. Therefore the determination is for non-certification.

Preop medical clearance with an internist QTY: 1.00: 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.

Occupational Therapy 2x6 left Hand/thumb QTY: 12.00: 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.

Left knee synvisc one Injection QTY: 1.00: 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), Knee and Leg, Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Hyaluronic acid injection.

Decision rationale: CA MTUS/ACOEM is silent regarding the request for viscosupplementation for the knee. According to the ODG Knee and leg chapter, Hyaluronic acid injection, it is indicated for patients with documented severe osteoarthritis of the knee. As there is no radiographic documentation of severe osteoarthritis in the records for this claimant, the determination is for non-certification.