

Case Number:	CM14-0071655		
Date Assigned:	06/04/2014	Date of Injury:	05/26/2011
Decision Date:	07/25/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/19/2014

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 Texas and Colorado. 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 female who reported an injury on 05/26/2011. The mechanism of injury was not stated. Current diagnoses include bilateral carpal tunnel syndrome, left hand atrophy, cervical spondylosis, C5 through C7 disc degeneration, C5 through C7 stenosis, cervical radiculopathy, left lateral epicondylitis, and status post C4 through C6 anterior cervical discectomy and fusion on 04/25/2013. The injured worker was evaluated on 03/10/2014. Physical examination of bilateral wrists revealed no evidence of appreciable swelling, negative tenderness to palpation, intact sensation, and normal range of motion. The injured worker demonstrated positive Tinel's and Phalen's testing on the left. Treatment recommendations at that time included authorization for a left carpal tunnel release. It was noted that the injured worker had failed conservative treatment to include lifestyle modification, medication management, occupational therapy, and bracing.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARPAL TUNNEL RELEASE TO THE LEFT WRIST: 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): 270-271.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management, and have clear clinical and special study evidence of a lesion. Carpal tunnel syndrome must be proved by positive findings on clinical examination and supported by nerve conduction studies. As per the documentation submitted, the injured worker's physical examination only revealed positive Tinel's and Phalen's testing. There were no imaging studies or electrodiagnostic reports submitted for this review to corroborate a diagnosis of carpal tunnel syndrome. Based on the clinical information received and the abovementioned guidelines, the request is not medically necessary.

ASSISTANT SURGEON [REDACTED] PA-C AT [REDACTED]
[REDACTED]: 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.

PRE SURGICAL MEDICAL CLEARANCE: 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.

POST OPERATIVE OCCUPATIONAL THERAPY: 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.