

Case Number:	CM14-0084315		
Date Assigned:	07/21/2014	Date of Injury:	03/03/2014
Decision Date:	09/10/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/05/2014

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:

The records, presented for review, indicate that this 44-year-old individual was reportedly injured on March 3, 2014. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 5, 2014, indicated that there were ongoing complaints of neck pain, right shoulder pain, bilateral hand numbness and tingling and low back pain. The physical examination demonstrated a 5'1", 150 pound individual with a history of hypothyroidism and complaints of neck pain. Diagnostic imaging studies objectified a long-term ordinary disease of life compressive neuropathy demonstrated by axonal loss in the right APB musculature. A left C5-C6 radiculopathy was also noted. MRI the cervical spine noted foraminal stenosis at C5-C6. Previous treatment included medications. A request had been made for a surgical carpal tunnel release and was not certified in the pre-authorization process on May 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Manos Carpal Tunnel Release of the Right Hand: 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: As outlined in the ACOEM guidelines, there is moderate to severe evidence of a compressive neuropathy. What is noted, is a slightly elevated conduction delay of the median nerve at the wrist consistent with an ordinary disease of life associated with the thyroid disease, gender and weight of the injured worker. Noting the changes to the abductor pollicis brevis (APB) muscle discredits the chronic, long-term clinical situation that has not reached the need for surgical intervention at this time. Therefore, based on the clinical information presented for review, the physical examination reported and by the parameters noted in the ACOEM, this surgical intervention for the ordinary disease of life noted is not medically necessary.