

Case Number:	CM14-0113095		
Date Assigned:	08/01/2014	Date of Injury:	09/13/2012
Decision Date:	04/22/2015	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

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 53-year-old male, who sustained an industrial injury on 9/13/2012. He was diagnosed as having Carpal Tunnel Syndrome and Cubital Tunnel Syndrome. Treatment to date has included NCS (nerve conduction studies) and activity restrictions. Per the Primary Treating Physician's Progress Report dated 7/17/2014, the injured worker presented for follow up of Carpal Tunnel Syndrome. He reported weakness, numbness and tingling. He wakes up three times per night with symptoms. Per the report, symptoms have been present for 2 years with significant symptoms for a year. Physical examination revealed very positive Tinel's sign and positive Phalen's sign. Right wrist flexion is 40 degrees, extension 40 degrees, radial deviation 5 degrees, and ulnar deviation 25 degrees. The plan of care included steroid injection and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal Tunnel Release of the Right Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 evaluation for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case, there is lack of evidence in the records from 7/17/14 of failed bracing or injections in the records. Therefore, the request is not medically necessary.

Post-Operative Physical Therapy (6-session for the right wrist): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.