

Case Number:	CM14-0189119		
Date Assigned:	11/20/2014	Date of Injury:	01/09/2012
Decision Date:	01/08/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/12/2014

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:

This is a 43 year old female who suffered an industrial related injury on 1/9/2012. A physician's report dated 1/8/14 noted the worker suffered no specific injury. The injured worker had complaints of pain in the right elbow and wrist radiating to the shoulder with numbness and paresthesia episodically. Objective findings include positive Tinel's sign and questionably positive Phalen's sign at the right carpal tunnel. The diagnoses were noted to be medial and lateral epicondylitis, right carpal tunnel syndrome, and questionable cubital tunnel syndrome. The injured worker was prescribed Vicodin patches. It is noted that the patient has a positive NCV for carpal tunnel syndrome but her symptoms at this point are very mild and paresthesia and numbness are intermittent. The injured worker was also provided with 6 physical therapy sessions but did show improvement. The utilization review (UR) physician noted a MRI of the right elbow done on 2/4/14 was unremarkable, this scan was not provided in the medical records. A physician's report dated 3/5/14 noted the injured worker received a corticosteroid injection which was noted to have improved the pain. The injured worker was noted to be on light duty. On 10/15/14 the UR physician denied the request for a right carpal tunnel release with right muscle slide procedure at [REDACTED] and post-operative occupational therapy 3 times a week for 4 weeks for the right wrist. The UR physician noted the Medical Treatment Utilization Schedule and Official Disability Guidelines do not support certification of the carpal tunnel release or post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release with right muscle slide procedure at [REDACTED]
Upheld

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

MAXIMUS 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

Decision rationale: CA MTUS criteria for carpal tunnel release include failure of non-operative treatment or severe symptoms such as continuous tingling and numbness; most patients should have had at least 1 glucocorticosteroid injection; and patients who do not have a glucocorticosteroid injection that results in at least partial benefit should have an electrodiagnostic study (EDS) consistent with CTS. However, in the documents available for review, the progress report dated 1/8/14 noted that the patient's symptoms are very mild and the tingling and numbness are episodic. Additionally, although the progress reports states that she has had a positive NCV for carpal tunnel syndrome, there is no official report available for review. Furthermore, there is no documentation indicating worsening of symptoms that would warrant surgical intervention. Therefore, the request for Right carpal tunnel release with right muscle slide procedure at [REDACTED] was not medically necessary.

Post-operative occupational therapy 3 times a week for 4 weeks, for the right wrist: 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.