

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0191999 | | |
| Date Assigned: | 11/25/2014 | Date of Injury: | 11/02/2012 |
| Decision Date: | 01/12/2015 | UR Denial Date: | 11/03/2014 |
| Priority: | Standard | Application Received: | 11/17/2014 |

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, has a subspecialty in Surgery of the Hand, and is licensed to practice in Hawaii, Washington & Maryland. 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 29-year-old female who reported an injury while trying to hold a running youth on 11/02/2012. On 11/05/2014, her diagnoses included bilateral shoulder strain/sprain, bilateral wrist sprain/strain, right carpal tunnel syndrome and left carpal tunnel syndrome. She had undergone a right carpal tunnel release on 07/22/2014. Her complaints included pain to the left wrist with stiffness of the left hand. The pain radiated from the lateral side of the left hand up to the lateral left elbow. She had a positive Phalen's test to the left wrist. She had decreased sensation at the fingertips of her left hand. A request was made for an EMG/NCS of the left upper extremity. There was no request for authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left carpal tunnel release (CTR): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Carpal Tunnel Release

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The request for outpatient left carpal tunnel release (CTR) is not medically necessary. The California ACOEM Guidelines note that surgical decompression of the median nerve usually relieves carpal tunnel syndrome symptoms. High quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. It was noted that EMG/NCS electrodiagnostic testing was requested. There was no documented evidence of the examination having been completed or any results therefrom. The guideline criteria have not been met. Therefore the request for, outpatient left carpal tunnel release (CTR) is not medically necessary.

(Associated Services) Purchase of wrist brace: 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.

(Associated Services) pre op EKG: 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.

(Associated services) pre op chest x-ray: 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.

(Associated services) pre-op labs: CBC, BMP, UA, PT/PTT, UCG: 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.

(Associated services) Post op physical therapy x 12 sessions to the left upper extremity:
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.

(Associated services) Post op x-ray and evaluation: 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.