

Case Number:	CM14-0193676		
Date Assigned:	12/01/2014	Date of Injury:	12/06/2012
Decision Date:	01/16/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/19/2014

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 Surgeon and is licensed to practice in Illinois. 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 58-year-old female who reported an injury on 12/06/2012 due to cumulative trauma. The injured worker underwent a carpal tunnel release with decompression and neurolysis of the right wrist on 09/12/2013. On 10/14/2014, the injured worker presented with stiffness, decreased range of motion, and weakness in the right hand and wrist. She also reported numbness and tingling that radiated up the right forearm. She stated that no improvement occurred since the right carpal tunnel surgery. The examination of the right wrist revealed tenderness over the median nerve. There was 1+ swelling of the wrist. There was a negative Finkelstein's and positive Tinel's and Phalen's. There was tenderness noted over the scar. There was decreased sensation and 2+ pulses in the right wrist. The diagnoses were carpal tunnel syndrome - bilateral wrists, tenosynovitis of the bilateral wrists, arthroplasty of the forearm, carpal sprain, sprain of the wrist, and loose body forearm. The provider recommended a repeat carpal tunnel release surgery for the right wrist. The provider's rationale was not provided. The Request for Authorization form was not included within the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Carpal tunnel Release (CTR) surgery for the Right wrist, arthroscopy, and debridement: Upheld

Claims Administrator 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) Indications for Surgery- 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 a repeat carpal tunnel release surgery for the wrist, arthroscopy, and debridement is not medically necessary. According to the California MTUS/ACOEM Guidelines, surgical decompression of the median nerve usually relieves carpal tunnel syndrome symptoms. High quality scientific evidence shows success in the majority of the injured workers with an electrodiagnostically confirmed diagnosis of carpal tunnel syndrome. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding risks and benefits. If there is no clear indication for surgery, referring the injured worker to a physical medicine practitioner may aid in formulating a treatment plan. There should be evidence of a red flag of a serious nature needing to be addressed, failure to respond to conservative treatment (including medications and physical medicine), and clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. The patient underwent a previous carpal tunnel surgery. The physical examination findings noted a positive Tinel's and Phalen's. There were no electrodiagnostic studies performed that would support the diagnosis of carpal tunnel syndrome included in the medical documents for review. There was no evidence that the injured worker had tried and failed a course of conservative therapy after the previous carpal tunnel release surgery. As such, the medical necessity has not been established.

Associated surgical service: surgical assistant: 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 surgical service: post-operative physical therapy, 3 times a week for 4 weeks:
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.