

Case Number:	CM14-0194494		
Date Assigned:	12/02/2014	Date of Injury:	09/05/2014
Decision Date:	01/16/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/20/2014

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: Surgery of the Hand has a subspecialty in and is licensed to practice in Hawaii, Washington, and 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 57-year-old female who reported an injury on 09/05/2014. The mechanism of injury was typing for 8 hours. Other therapies included a wrist brace and injections. The injured worker's medications were noted to include Naprosyn 500 mg and IcyHot. The injured worker had an EMG/NCV on 07/10/2014 which revealed the injured worker had moderate right carpal tunnel syndrome. The Doctor's First Report of Occupational Injury or Illness of 09/05/2014 indicated that the injured worker had complaints of pain, weakness, numbness, and tingling in the right wrist with radiation into the forearm and elbow. The injured worker complained of numbness and tingling in the hand. The injured worker was noted to be taking Norco for pain. The injured worker had a positive carpal compression test. The injured worker had positive crank and grind tests. The injured worker underwent an x-ray which revealed possible CMC arthritis in the thumb. The injured worker was injected with steroids. The injured worker was given a right thumb Spica brace. The request was made for an Open Carpal Tunnel Release. The injured worker had a positive Tinel's. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Pre-Operative Electrocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- preoperative electrocardiogram (ECG)

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: Pre-Operative Laboratory Works (complete blood count, comprehensive metabolic panel, partial prothrombin time, prothrombin time): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- preoperative lab testing

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.

Right Open Carpal Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271, Chronic Pain Treatment Guidelines carpal tunnel syndrome. Decision based on Non-MTUS Citation Official Disability Guidelines- carpal tunnel release surgery (CTR)

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate that surgical considerations may be appropriate for injured workers who have a failure to respond to conservative management, including worksite modifications, and who have 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 initial care for carpal tunnel syndrome includes the splinting of the wrist in neutral position at day and night, and injections of lidocaine and corticosteroids. The clinical documentation submitted for review failed to provide documentation of a failure of conservative care. Additionally, the injured worker was noted to undergo a steroid injection, and there was a lack of documentation indicating whether the injured worker had benefit from the injection. There was one note provided for review, which was the date of 09/05/2014. As such, the request would not be supported. Given the above, the request for Right Open Carpal Tunnel Release is not medically necessary.

Associated surgical service: Twelve Occupational Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.