

Case Number:	CM14-0202877		
Date Assigned:	12/15/2014	Date of Injury:	05/01/2012
Decision Date:	02/17/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/04/2014

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 48 year old male who sustained a work related injury on 5/01/2012. The mechanism of injury is not provided. Per the Primary Treating Physician's Progress Report dated 11/12/2014 the injured worker reported activities of daily living (ADLs) were impaired by shoulder pain, right hand parasthesia/weakness and low back pain. He has difficulty dressing and with restroom activities. He is not driving and rides in the car with the seat declined to 45 degrees. He notes that Norco gives enough relief to allow ADLs. Objective examination of the right wrist revealed flexion of 60 degrees, extension 60 degrees, radial deviation 30 degrees and ulnar deviation 30 degrees. Tinel's and Phalen's tests were positive and Finkelstein's test was negative. Examination of the left wrist revealed flexion of 60 degrees, extension 60 degrees, radial deviation 20 degrees, ulnar deviation 30 degrees and a Positive Tinel's and Phalen's with negative Finkelstein's. Diagnoses included bilateral carpal tunnel syndrome. The plan of care included medication and follow-up care. Prior treatment has included physical therapy, chiropractic and acupuncture. Work status was modified. On 11/20/2014, Utilization Review non-certified prescriptions for bilateral carpal tunnel release and ulnar release based on lack of medical necessity due to lack of conservative care measures and/or electrodiagnostic testing. The CA MTUS ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel release and ulnar release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25-26, 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery

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 stratifies 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 11/12/14 of electrodiagnostic evidence of carpal tunnel syndrome. In addition, there is lack of evidence of failed bracing or injections in the records. Therefore the request is not medically necessary.

Right carpal tunnel release and ulnar release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 25-26, 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery

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 stratifies 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 11/12/14 of electrodiagnostic evidence of carpal tunnel syndrome. In addition, there is lack of evidence of failed bracing or injections in the records. Therefore the request is not medically necessary.