MAXIMUS Federal Services

Case Number:	CM14-0202957		
Date Assigned:	12/15/2014	Date of Injury:	10/24/2012
Decision Date:	02/04/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/03/2014

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:

The injured worker is a 55-year-old female with a date of injury of 12/24/2012. Her mechanism of injury was repetitive injury. Her relevant diagnosis is carpal tunnel syndrome of the right hand. Past treatments have included bracing, and ice. Her diagnostic studies have included electromyography and nerve conduction studies. Her surgical history was not included in the medical record. The progress note dated 12/01/2014 indicated the injured worker had complaints of hand and wrist pain, rating it a 7/10. Physical exam findings indicated edema to the hands. Her medications included Cymbalta 30 mg, a compounded topical cream, meloxicam 15 mg, and Nexium 40 mg. The treatment plan included medications and referral to a hand surgeon. Rationale for the request is pain control and she is a candidate for surgical intervention. The Request for Authorization form was not included in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264, 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The request for Right Carpal Tunnel Release is not medically necessary. The injured worker had a cumulative trauma related to typing at her job. The documentation submitted for review indicates that she did not wear her braces on her hands as they were bothersome and got in the way. The ACOEM guidelines state that surgical decompression of the median nerve usually relieves carpal tunnel syndrome symptoms. The initial care for carpal tunnel syndrome is acetaminophen or NSAIDs as a secondary choice, specific hand and wrist exercises for range of motion and strengthening, splinting of the wrist in neutral position at night and day, and injections of Lidocaine or corticosteroids. The documentation submitted for review indicates the patient did wear her braces. The documentation does not reveal any injections of Lidocaine or corticosteroids administered and her current medication list does not include acetaminophen or ibuprofen as a medication that she has been prescribed. As the documentation does not support the request, the request for Right Carpal Tunnel Release is not medically necessary.

Right Motor Branch Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Work Loss Data Institute, LLC: Corpus Christi, TX

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264, 270-271.

Decision rationale: The request for Right Motor Branch Release is not medically necessary. The injured worker had a cumulative trauma related to typing at her job. The ACOEM Guidelines state surgical decompression of the median nerve usually relieves carpal tunnel syndrome symptoms. The guidelines also indicate splinting of the wrists in neutral positions at night and day and injection of Lidocaine and corticosteroids. The documentation submitted for review indicates the injured worker did not wear her splints because she felt they got in the way and were bothersome. There is no indication in the medical record that she received injections of Lidocaine or corticosteroids. Therefore, as the request for carpal tunnel release was not medically necessary, the request for Right Motor Branch Release is also not medically necessary.