

Case Number:	CM14-0204319		
Date Assigned:	12/16/2014	Date of Injury:	08/25/2010
Decision Date:	02/25/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Orthopedic Surgery

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 patient is a 42 old male who sustained a work related injury to the right wrist on August 25, 2010. The injured worker was diagnosed with carpal tunnel syndrome right wrist. The injured worker underwent a diagnostic arthroscopy, synovectomy of the left elbow, and anterior and posterior compartment fasciotomies of the elbow, cubital tunnel release and release of Guyon canal of the wrist on October 20, 2014. The injured worker continues to experience stiffness in the elbow and burning at the wrist incision. According to the physical therapy report on December 3, 2014, 19 sessions were complete however the injured worker was lacking full range of motion and decreased function with continued high level of pain. Medications were not noted. The injured worker remained on temporary total disability (TTD) since the injury. The treating physician has requested authorization for right wrist carpal tunnel release and post operative physical therapy qty: 12.00 On November 19, 2014, the Utilization Review denied certification for right wrist carpal tunnel release and therefore the posterior operative physical therapy qty: 12 sessions. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS) ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Wrist Carpal Tunnel Release: Upheld

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

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

Decision rationale: Per the California 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 12/3/14 of 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.

Post-Operative Physical Therapy QTY: 12.00: 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.