

Case Number:	CM14-0209953		
Date Assigned:	12/22/2014	Date of Injury:	01/27/2013
Decision Date:	02/20/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/15/2014

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:

This is a 55-year old male with a 1/27/13 injury date. The mechanism of injury was described as a slip and fall while climbing out of a truck. An 11/11/14 left upper extremity electrodiagnostic study revealed mild to moderate carpal tunnel syndrome, but also cubital tunnel syndrome at the elbow. In an 11/12/14 note, the patient complained of ongoing 1-2/10 left hand pain with occasional numbness and tingling of digits 4/5. Objective findings included positive Tinel's sign at the cubital tunnel of the left elbow, negative Tinel's sign at the left wrist, and negative Phalen's sign. The provider has recommended left elbow ulnar nerve transposition and open left carpal tunnel release. Diagnostic impression: left carpal tunnel syndrome, left cubital tunnel syndrome. Treatment to date: physical therapy. A UR decision on 12/8/14 denied the request for open left carpal tunnel release because there were no physical findings in support of a diagnosis of carpal tunnel syndrome and previous conservative treatment appeared to be lacking. The request for surgical assistant was denied because the associated procedure was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Assistant: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Association of Orthopaedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

Decision rationale: CA MTUS does not address this issue. American Association of Orthopaedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics states on the role of the First Assistant: According to the American College of Surgeons: "The first assistant to the surgeon during a surgical operation should be a trained individual capable of participating and actively assisting the surgeon to establish a good working team. The first assistant provides aid in exposure, hemostasis, and other technical functions, which will help the surgeon carry out a safe operation and optimal results for the patient. The role will vary considerably with the surgical operation, specialty area, and type of hospital. "The first assistant's role has traditionally been filled by a variety of individuals from diverse backgrounds. Practice privileges of those acting as first assistant should be based upon verified credentials reviewed and approved by the hospital credentialing committee (consistent with state laws). However, this request does not apply since the associated procedure was not certified. Therefore, the request for surgical assistant is not medically necessary.

Open Left 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): 270-271.

Decision rationale: CA MTUS criteria for carpal tunnel release include failure of non-operative treatment or severe symptoms such as continuous tingling and numbness; most patients should have had at least 1 glucocorticosteroid injection; and patients who do not have a glucocorticosteroid injection that results in at least partial benefit should have an electrodiagnostic study (EDS) consistent with CTS. In this case, the patient does have electrodiagnostic findings consistent with both carpal and cubital tunnel syndrome. However, the patient's subjective complaints and physical exam were consistent with ulnar, as opposed to median, neuropathy. Therefore, the request for open left carpal tunnel release is not medically necessary.