

Case Number:	CM14-0213786		
Date Assigned:	12/31/2014	Date of Injury:	08/25/2014
Decision Date:	03/03/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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:

52 year old male claimant with an industrial injury dated 08/25/14. Exam note 11/18/14 states the patient returns with right wrist pain. The patient explains experiencing weakness, tingling, and numbness in the right wrist. Current medications include Ibuprofen, Aspirin, Insulin, Lisinopril, Metformin, multivitamin, Paxil, and Simvastatin. EMG studies of the right wrist from October 16, 2014 demonstrates moderate right carpal tunnel syndrome. Conservative treatments include a brace, and activity modification. Upon physical exam the patient demonstrated no evidence of clinical deformities of alignment, or swelling. There was also no evidence of wearing a brace, and no masses palpable. There was no tenderness surrounding the wrists and the patient revealed a full, pain-free range of motion. Muscle strength was noted as 5/5 for the left and right. Diagnosis is noted as right carpal tunnel syndrome for the right wrist. Treatment includes a right carpal tunnel release, and physical therapy.

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: The Claims Administrator did not cite any medical evidence for its decision.

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 eval for carpal tunnel and stratify 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 11/18/14 of failed bracing or injections in the records. Therefore the determination is for non-certification.

Associated surgical service: Post-op physical therapy 1 x 12: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Pre-op medical clearance/EKG: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.