

Case Number:	CM14-0217836		
Date Assigned:	02/11/2015	Date of Injury:	03/02/2007
Decision Date:	04/13/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/29/2014

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: Illinois, California, Texas
 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 injured worker is 60-year-old female who sustained an industrial injury on 3/2/07. The treating physician report received 11/17/14 cited right wrist pain and numbness. She woke at night to shake hand. She also had cervical pain radiating to the right arm. Physical exam documented decreased sensation right 3rd and 4th digits and positive Tinel's and Phalen's signs at the wrist. The diagnosis was right carpal tunnel syndrome. The treatment plan requested right carpal tunnel release. Medications were prescribed to include Vicodin, Prilosec, and compound topical cream. On 12/4/14 Utilization Review non-certified the request for right carpal tunnel release, right wrist citing MTUS: ACOEM: Forearm, Wrist and Hand Complaints. The rationale for non-certification cited an absence of electrodiagnostic evidence for carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release, right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, Carpal tunnel release surgery (CTR).

Decision rationale: The California MTUS guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. The Official Disability Guidelines provide clinical indications for carpal tunnel release that include specific symptoms (abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick Sign), physical exam findings (compression test, monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness), conservative treatment (activity modification, night wrist splint, non-prescription analgesia, home exercise training), successful corticosteroid injection trial, and positive electrodiagnostic testing. Guideline criteria have not been met. This patient presents with right wrist pain and numbness, and cervical pain radiating to the right arm. Physical exam documented positive Tinel's and Phalen's signs at the right wrist. Sensory loss was more consistent with the C7 dermatome. There is no electrodiagnostic report in the provided records or documented in the treating physician reports. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including splinting, home exercise training, and injection, and failure has not been submitted. Therefore, this request is not medically necessary.

Post-op physical therapy 3x6 weeks for right wrist: 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.