

Case Number:	CM15-0002566		
Date Assigned:	01/13/2015	Date of Injury:	03/14/2013
Decision Date:	04/16/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/06/2015

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, Sports Medicine

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 47-year-old male who reported an injury on 03/14/2013. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of carpal tunnel syndrome of the bilateral wrists, left greater than right. Past medical treatments consist of physical therapy, moist heat and ice, an IFC unit, a home exercise program, and medication therapy. It was indicated that the injured worker underwent x-rays of the left hand and wrist which showed no changes. X-rays of the right hand and wrist showed no changes. The original x-rays were not submitted for review. On 12/03/2014, the injured worker complained of bilateral hand pain, left worse than right. The physical examination noted that there was tenderness on the wrists bilaterally, left worse than right. The medical treatment plan is for the injured worker to undergo left carpal tunnel release. The provider felt that the injured worker had received appropriate nonoperative treatment and at this time should undergo carpal tunnel release. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative laboratory works (CBC, CMP, PT, PTP and Urinaylsis): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative Lab Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Pre operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

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: The decision for left carpal tunnel release is not medically necessary. The California MTUS/ACOEM Guidelines state that for surgical consideration there should be evidence of red flags of a serious nature, failure to respond to conservative management including work site modifications, and clear clinical and special study evidence of a lesion that has been shown to benefit in both short and long term use from surgical intervention. There was no evidence in the submitted documentation of the injured worker having any serious red flags, nor was there any indication of clear clinical and special study evidence. It was indicated that the injured worker underwent x-rays of the wrists with no changes; however, the original x-rays were not submitted for review to see results. It was noted in the documentation that the injured worker had undergone physical therapy from 12/02/2014 through 12/18/2014. However, the physical therapy notes are not legible. Given the above, the injured worker is not within guideline criteria. As such, the request would not be medically necessary.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Surgical Assistant.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Pre operative diagnostic testing (echocardiogram and chest x-ray): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Carpal Tunnel Syndrome, Preoperative Electrocardiogram.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Purchase of cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Carpal Tunnel Syndrome, Continuous Cold Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

12 post operative physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

1 month rental of interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.