

<b>Case Number:</b>	CM15-0004928		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	08/08/2007
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: New York  
 Certification(s)/Specialty: Pediatrics, Internal 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:

This 52-year-old female worker sustained neck and low back injuries on 8/8/07. She was diagnosed with tenosynovitis hand/wrist and carpal tunnel syndrome, according to the PR2 dated 10/27/14. She has been treated with pain medication, muscle relaxants and carpal tunnel surgery. The numbness continues and Phalen's and Tinel's signs are positive. The treating provider requests bilateral carpal tunnel re-exploration, amniocortical wrap, post-op physical therapy three times weekly x three weeks, post-op Norco 5/325 mg and pre-op clearance. The Utilization Review on 12/23/14 non-certified the carpal tunnel surgeries and the amniocortical wrap, physical therapy, Norco 5/325 mg and pre-op clearance, citing ACOEM Practice guidelines; there was no documentation of failed conservative management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Carpal Tunnel Re-Exploration:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The records provided were reviewed and lack documentation of conservative measures such as NSAID's, splinting and work modifications. These interventions are required prior to surgical intervention. Additionally, NCV and EMG reports was only partially provided and does not provide confirmation of nerve impingement requiring intervention. Due to these factors the surgical procedure is not medically necessary at this time.

**Amniox Neural Wrap:** 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.

**Post Op PT 3x3:** 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.

**Requested Post Op Norco 5/325mg:** 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.

**Pre-Op Clearance:** 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.

