

Case Number:	CM15-0008374		
Date Assigned:	01/23/2015	Date of Injury:	01/02/2014
Decision Date:	03/18/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/14/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 a 58 year old female, who sustained an industrial injury on 01/02/2014. The diagnoses have included one week following left carpal tunnel release and release of A-1 pulley, left middle finger. Treatments to date have included left open carpal tunnel release surgery on 10/16/2014, hand therapy, and medications. Diagnostics to date have included an electromyography and nerve conduction studies on 07/13/2014 which showed bilateral median nerve entrapment of the wrist (carpal tunnel syndrome). In a progress note dated 10/22/2014, the injured worker presented with complaints of pain in left hand. The treating physician reported minimal swelling with excellent range of motion but appears to be quite fearful using the hand. Utilization Review determination on 01/06/2015 non-certified the request for Right Carpal Tunnel Release, Occupational Therapy 3xwk x 4wks Right Wrist, and Post-operative Splint citing Medical Treatment Utilization Schedule and Official Disability Guidelines.

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 and 272.

Decision rationale: The patient is a 58 year old female who had undergone left carpal tunnel release and then requested right carpal tunnel release. She does have electrodiagnostic studies that reveal evidence of right carpal tunnel syndrome. However, there is not a recent examination that supports clinical findings of right carpal tunnel syndrome that has failed typical conservative management. From ACOEM, page 270, CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. As stated, carpal tunnel syndrome has not been supported by recent positive findings on clinical exam. A relevant and recent examination of the right hand has not been documented. Table 11-7 also states typical conservative measures to be attempted prior to surgical intervention, which have not been documented as well. Thus, right carpal tunnel release in this patient should not be considered medically necessary.

ASSOCIATED SURGICAL SERVICES: Occupational Therapy 3x week x 4wks., right wrist: 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.

Decision rationale: As the procedure was not medically necessary, post-operative occupational therapy would not be necessary as well.

ASSOCIATED SURGICAL SERVICES: Post-Op Splint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome, Splinting

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

Decision rationale: As right carpal tunnel release was not considered medically necessary, a post-operative splint would not be necessary as well.