

Case Number:	CM15-0009827		
Date Assigned:	01/27/2015	Date of Injury:	08/23/2013
Decision Date:	04/14/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/16/2015

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 44-year-old female who reported an injury on 08/23/2013. The mechanism of injury involved repetitive activity. The injured worker is currently diagnosed with carpal tunnel syndrome. On 01/30/2015, the injured worker presented for a follow-up evaluation regarding right shoulder pain, mid back pain and right wrist pain. The injured worker was not working at the time. The current medication regimen includes gabapentin 300 mg, Prilosec 20 mg, tramadol 150 mg and Xanax. Upon examination, there was positive Tinel's and Phalen's sign. Recommendations included continuation of physical therapy 3 times per week for 6 weeks. It was noted that the injured worker was scheduled for surgery. There was no Request for Authorization form submitted for this review. It was noted that the injured worker underwent electrodiagnostic studies, on 12/10/2014, which revealed evidence of mild to moderate 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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature; failure to respond to conservative management, including worksite modification; and have clear clinical and special study evidence of a lesion. Carpal tunnel syndrome must be proved by positive findings on clinical examination and supported by nerve conduction tests. In this case, it is noted that the injured worker has electrodiagnostic evidence of carpal tunnel syndrome. However, there is no documentation of a significant functional limitation upon examination. The provider indicated a positive Tinel's and Phalen's sign; however, there was no evidence of a loss of sensation. 2 point discrimination test was not documented. There was also no mention of an exhaustion of conservative management. Therefore, the medical necessity for the requested surgical procedure has not been authorized at this time. As such, the request is not medically appropriate.

Associated Surgical Service: Physical Therapy 3 Times A Week for 6 Weeks: 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: Decision based on MTUS Chronic Pain Treatment Guidelines.

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.

Xanax #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long term use, because long term efficacy is unproven, and there is a risk of dependence. The injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for the requested medication has not been established. Guidelines would not support long term use of benzodiazepines. There was no strength or frequency listed in the request. Given the above, the request is not medically appropriate.