

Case Number:	CM15-0102072		
Date Assigned:	06/04/2015	Date of Injury:	11/26/2014
Decision Date:	07/09/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/27/2015

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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand 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 49 year old male, who sustained an industrial injury on 11/26/14. The injured worker has complaints of bilateral forearm pain with a tingling sensation. The documentation noted that there is tenderness to palpation over the flexor aspect of the forearms and moderate/severe diffuse tenderness to palpation on dorsal and volar aspect of wrist. The diagnoses have included right wrist sprain; left wrist sprain; left ulnar nerve entrapment at elbow and right ulnar nerve entrapment at elbow. Treatment to date has included electromyography/nerve conduction study showed mild right carpal tunnel syndrome; physical therapy; ice or cold packs intermittently as needed to relieve pain; Naprosyn; Flexeril and cock-up splints bi-lateral tennis elbow wraps. The request was for left hand carpal tunnel release with possible open endoscopic, complete blood count, basic metabolic panel, electrocardiogram, and post-operative occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left hand carpal tunnel release with possible open endoscopic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Indications for Surgery.

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

Decision rationale: The carpal tunnel release is not medically necessary. According to the ACOEM guidelines, Chapter 11, page 270, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electro diagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken." This patient's symptoms of pain and disability are far in excess of what would be expected for a diagnosis of mild carpal tunnel. Symptoms out of proportion to the diagnosis are noted by the attending physician, and the AP's notes indicate that the diagnosis is unclear. She does not have positive findings on clinical exam that are consistent with carpal tunnel syndrome. Per the ACOEM guidelines, carpal tunnel release is not medically necessary.

Complete blood count (CBC): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.brighamandwomens.org/gms/Medical/preopprotocols.aspx.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Basic metabolic panel (BMP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.brighamandwomens.org/gms/Medical/preopprotocols.aspx.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Electrocardiogram (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.brighamandwomens.org/gms/Medical/preopprotocols.aspx.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-operative occupational therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.