MAXIMUS Federal Services

Case Number:	CM15-0104515		
Date Assigned:	06/08/2015	Date of Injury:	10/21/2011
Decision Date:	07/30/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/01/2015

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: Neurological 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 63 year old female, who sustained an industrial injury on October 21, 2011. The injuries occurred as a result of the injured workers usual and customary duties as a case picker. The injured worker has been treated for bilateral wrist, bilateral hand, right elbow and left knee complaints. The diagnoses have included pain in joint of the hand, bilateral carpal tunnel syndrome, bilateral wrist synovitis/bursitis/tenosynovitis, injury to the nerves in the hand and wrists bilaterally, right epicondylitis and internal derangement of the left knee. Treatment to date has included medications, radiological studies, MRI, electrodiagnostic studies, physical therapy, a home exercise program, bilateral knee surgery, right wrist surgery and left carpal tunnel release with re-exploration surgery. Current documentation dated May 18, 2015 notes that the injured worker was seen for a follow-up for her left wrist surgery which was performed on January 7, 2015. Examination of the right upper extremity revealed palmer tenderness and a decreased grip strength. Special testing included a positive Tinel's sign, Phalen's maneuver and flick test. Examination of the left upper extremity revealed decreased grip strength and tenderness at the incision. The treating physician's plan of care included requests for a right wrist re-exploration carpal tunnel possible neurolysis of median nerve & application of Amnion neural wrap, medical clearance, pre-operative laboratory authentication extension and post-operative physical therapy three times a week for two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist re-exploration carpal tunnel possible neurolysis of median nerve & application of Amnion neural wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260,261-270.

Decision rationale: The California MTUS guidelines indicate for surgical consideration the surgeon should have clear clinical and special study evidence of a lesion that has been shown to benefit, in short and long term from surgical repair. The patient's MRI scan was normal. Documentation does not show a repeat electrophysiological study. The requested treatment: Right wrist re-exploration carpal tunnel possible neurolysis of median nerve & application of Amnion neural wrap is not medically necessary and appropriate.

Associated surgical services: Medical 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.

Preoperative laboratory authentication extension: 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 operative physical therapy 3 times a week for 2 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.