

Case Number:	CM15-0108190		
Date Assigned:	06/12/2015	Date of Injury:	11/18/2013
Decision Date:	09/04/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/04/2015

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

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 53 year old female, who sustained an industrial injury on 11/18/2013, as a result of cumulative trauma. The injured worker was diagnosed as having right carpal tunnel syndrome, chronic musculoligamentous strain of the cervicodorsal spine, mild right shoulder bicipital tendinitis, moderate to significant obesity, and a history of gastric bypass surgery. Treatment to date has included diagnostics, physical therapy, injection along the flexor tendon of the right forearm 1/20/2014, splinting, and medication. The Qualified Medical Evaluation report (3/05/2015) noted that corticosteroid injection was performed and did not provide much relief in regard to the right wrist, and surgery to the carpal tunnels can be helpful. She injured worker complains of neck pain, with occasional radiation down her arms to her hands (rated 5/10), right shoulder pain (rated 4/10), right hand pain (rated 5/10), and back pain (rated 3/10). Exam of the upper extremities noted intact motor exam and sensation decreased to the right thumb and second and third digits. Positive Phalen's test was noted on the right and grip strength was diminished. Electrodiagnostic studies of the upper extremities were documented as showing mild compression of the median nerve at the right carpal tunnel. Exam note 5/14/15 demonstrates complaint of wrist pain with numbness and tingling. Report states the patient has had a carpal tunnel injection. Exam demonstrates Tinel's and Phalen's were positive along the median nerve. Sensation was diminished in the median nerve distribution. A PR2 report, in regards to the requested right carpal tunnel release, pro-operative medical clearance, post-operative pain block, deep vein thrombosis sequential device, Norco, and Zofran, was not noted.

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 ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, Surgery.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. Per the Official Disability Guidelines were also referenced for more specific recommendations. According to the Official Disability Guidelines regarding surgery for carpal tunnel syndrome, Recommended after an accurate diagnosis of moderate or severe CTS. Surgery is not generally initially indicated for mild CTS unless symptoms persist after conservative treatment. Severe CTS requires all of the following: Muscle atrophy, severe weakness of thenar muscles, 2-point discrimination test greater than 6 mm and positive electrodiagnostic testing. Not severe CTS requires all the following: Symptoms of pain, numbness, paresthesia, impaired dexterity requiring two of the following: Abnormal Katz hand diagram scores, nocturnal symptoms, Flick sign (shaking hand); findings by physical exam, requiring two of the following including compression test, Semmes-Weinstein monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, mild thenar weakness, (thumb adduction); comorbidities of no current pregnancy; initial conservative treatment requiring three of the following: Activity modification greater than or equal to one month, night wrist splint greater than or equal to one month, nonprescription analgesia (i.e. acetaminophen), home exercise training (provided by physician, healthcare provider or therapist) or successful initial outcome from corticosteroid injection trial (optional) and positive electrodiagnostic testing. In this case there is insufficient evidence from the exam note of 5/14/15 of abnormal hand diagram scores, decreased two point discrimination or thenar weakness to warrant surgery. Therefore the determination is not medically necessary.

Pre op 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post op Pain block: 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.

Associated surgical service: DVT sequential device: 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.

Norco 10mg #60: 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.

Zofran 8mg #10: 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.