

Case Number:	CM15-0015037		
Date Assigned:	02/03/2015	Date of Injury:	09/22/2013
Decision Date:	04/08/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/27/2015

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: 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:

This 32-year-old male sustained an industrial injury on September 22, 2013. The diagnoses have included third, fourth and fifth metacarpal fractures and status post osteotomy for malunion of third and fifth metacarpal fractures. Treatment to date has included activity and work modifications, injection therapy, hand therapy, electrodiagnostic studies on October 30, 2014. There were no recent MRI or electrodiagnostic studies reports in the provided medical records. On November 25, 2014, the treating physician noted the injured worker was following up a right hand injury. The physical exam revealed well-healed surgical incisions, continued dorsal plate irritation and tenosynovitis of the long finger. There was stiffness of the small finger metacarpophalangeal joint, discomfort with forward flexion with mild prominence, and evidence of very mild motion through the area of the fifth carpometacarpal joints. On January 27, 2015, the injured worker submitted an application for IMR for review of request for a right carpal tunnel release, hardware removal of 3rd and 5th metacarpal, and release of tenolysis of the tight 5th metacarpophalangeal joint and a prescription for an additional 8 visits (2 x 4) of post op physical therapy. The right carpal tunnel release, hardware removal of 3rd and 5th metacarpal, and release of tenolysis of the tight 5th metacarpophalangeal joint was non-certified based on lack of recent clinical findings or imaging to the surgical requests. The post op physical therapy was non-certified based on it is not medically necessary as the surgeries are not certified. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) Guideline and ODG-TWC (Official Disability Guidelines- Treatment in Workers' Compensation) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release, Hardware Removal, Right 3rd, 5th Metacarpal, Release Tenolysis Right 5th MP Joint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Indications for Surgery - Carpal Tunnel Release.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265.

Decision rationale: The California MTUS guidelines indicate that trials with wrist splints at night and during the person should be tried for a carpal tunnel syndrome. Documentation does not show the results of such trials. The guidelines also indicate that lidocaine and cortisone injections can be tried. Documentation does not show the results of such trials. ODG guidelines indicate removal of hardware is not recommended unless it is broken, infected or causing persistent pain. Documentation does not show breakage or infection or how it was discerned to be a cause of persisting pain. Thus the requested treatment: Right carpal tunnel release, hardware removal, right third, fifth metacarpal, released of tenolysis right fifth MP joint is not medically necessary and appropriate.

Post-Operative Physical Therapy (8 visits for the right wrist): 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.