

Case Number:	CM15-0019313		
Date Assigned:	03/16/2015	Date of Injury:	01/11/2007
Decision Date:	05/12/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/03/2015

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 58-year-old female who reported injury on 01/11/2007. The mechanism of injury was not provided. The injured worker underwent bilateral carpal tunnel release in 2007. The injured worker was treated with bracing and medications. There was a Request for Authorization submitted for review dated 12/19/2014. The documentation of 01/23/2015 revealed the injured worker indicated the right wrist was more symptomatic than the left. The injured worker presented for a follow-up evaluation of bilateral carpal tunnel syndrome. The physical examination revealed a positive Tinel's and Phalen's test. The diagnosis included carpal tunnel syndrome bilateral. The treatment plan included 12 sessions of counseling and bilateral open carpal tunnel releases. The medications included Pristiq 100 mg 1 tablet nightly, Norco 10/325 one 3 times a day as needed, Ativan 2 mg 1 twice a day. The documentation of 12/30/2014 revealed the injured worker was in the office for a follow-up of bilateral carpal tunnel syndrome. The injured worker completed physical therapy in November without relief. The physical examination was positive bilaterally with a Tinel's and Phalen's test. The injured worker had tenderness at the carpal tunnel and extensor tendons of the right wrist. The treatment plan included a bilateral open carpal tunnel release. The injured worker underwent electrodiagnostic studies which revealed bilateral carpal tunnel syndrome that was mild.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Open 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): s 270-271.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that a referral for hand surgery consultation may be indicated for injured workers who have red flags of a serious nature; fail to respond to conservative management, including worksite modifications and who have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Carpal Tunnel Syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. The clinical documentation submitted for review indicated the injured worker had conservative care including physical therapy. The injured worker had utilized bracing. There was a lack of documentation indicating the injured worker had utilized injections. There was a lack of documentation of an exhaustion of conservative care. Given the above, the request for right open carpal tunnel release is not medically necessary.

Left Open 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): s 271-271.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that a referral for hand surgery consultation may be indicated for injured workers who have red flags of a serious nature; fail to respond to conservative management, including worksite modifications and who have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Carpal Tunnel Syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. The clinical documentation submitted for review indicated the injured worker had conservative care including physical therapy. The injured worker had utilized bracing. There was a lack of documentation indicating the injured worker had utilized injections. There was a lack of documentation of an exhaustion of conservative care. Given the above, the request for left open carpal tunnel release is not medically necessary.

12 Post-Op Physical Therapy Right Wrist/Hand: 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.

12 Post-Op Physical Therapy Left Wrist/Hand: 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.

12 Sessions of Psychology Counseling: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: The California MTUS Guidelines indicate that injured workers should be screened for risk factors for delayed recovery including fear avoidance beliefs. The initial therapy for at risk injured workers would be physical medicine for exercise instruction using a cognitive motivational approach to the physical medicine. There should be consideration of a separate psychotherapy, cognitive behavioral therapy if after 4 weeks the injured worker lacks progress from physical medicine alone. The initial trial is 3 to 4 sessions. The clinical documentation submitted for review indicated the request was for 12 sessions. This exceeds guideline recommendations. The documentation indicated the injured worker was tearful during examination. There was a lack of documentation of risk factors. As the request is excessive, and there was a lack of documentation, the request for 12 sessions of psychology counseling is not medically necessary.