MAXIMUS Federal Services

Case Number:	CM15-0019777		
Date Assigned:	02/09/2015	Date of Injury:	12/18/2006
Decision Date:	04/09/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/02/2015

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 45 year old female on 12/18/2006 reported an injury to the wrists and hands. Diagnoses include overuse syndrome, impingement syndrome, bilateral carpal tunnel syndrome, left carpal tunnel release and bilateral DeQuervain's tenosynovitis. Treatments to date include wrist braces, surgery, physical therapy and medication management. A progress note from the treating provider dated 11/26/2014 indicates the injured worker reported bilateral wrist and shoulder pain. The Request for Authorization dated 1/2/2015 included right carpal tunnel surgery, pre-operative clearance, post-operative physical therapy, post-operative pro-tech multi-stimulation unit, continuous cold therapy unit, TENS (transcutaneous electrical nerve stimulation) unit and wrist splint.On 1/8/2015, Utilization Review non-certified the request for right carpal tunnel surgery, pre-operative clearance, post-operative physical therapy, post-operative pro-tech multi-stimulation unit, continuous cold therapy unit, TENS (transcutaneous electrical nerve stimulation) unit and wrist splint, citing MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery: Right Carpal Tunnel QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260, 265, 270.

Decision rationale: The California MTUS guidelines note that carpal tunnel syndrome (CTS) does not produce hand or wrist pain. Documentation shows on 11/19/2014 the patient was complaining of constant wrist and hand pain. She was taking Norco and Gabapentin for pain and evidently had been doing so for some time. Documentation does not show the patient has recently filled out a Katz hand diagram nor has she had a follow-up EMG and NCV the records from 2007 indicated she had had four different studies and had complaints she couldn't move her hands or wrists. Past medical history indicated she had diabetes and prior obesity weighing over 300 pounds but following a gastric bypass procedure her weight had dropped to 172. The MTUs guidelines recommend home exercise. Documentation does not detail about such a program for the patient. Thus the requested treatment: surgery for this patient's right carpal tunnel is not medically necessary and appropriate.

Pre-op clearance QTY: 1.00: 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-op physical therapy: 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-op DME pro-tech multi-stim unit QTY:1.00: 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.

DME: Continuous Cold Therapy QTY:1.00: 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.

DME: TENs Unit QTY:1.00: 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.

Wrist Splint QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

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

Decision rationale: The California MTUS guidelines do recommend wrist splints for carpal tunnel syndrome. However, according to the guidelines, carpal tunnel syndrome typically does not cause hand and wrist pain which this patient had been complaining of. Moreover, documentation does not contain evidence of follow-up electrophysiological studies supporting a carpal tunnel syndrome. Thus this requested treatment: Wrist splint: QTY 1 is not medically necessary and appropriate.