

Case Number:	CM15-0182634		
Date Assigned:	09/23/2015	Date of Injury:	03/31/2007
Decision Date:	11/02/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/16/2015

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, Indiana, Oregon

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 43-year-old female, who sustained an industrial injury on March 31, 2007. The injured worker was being treated for right carpal tunnel syndrome and neck pain. On 8-11-2015, the injured worker reported ongoing neck and shoulder pain radiating to the right upper extremity, back, and knee, ankle, foot, and toes. Her pain was 10 out of 10. She reported increased function during activity with physical therapy. The physical exam (8-11-2015) revealed limited cervical flexion and extension, a healed surgical incision, right greater than left tenderness of the cervical spine down to the trapezium and clavicle, bilateral shoulders tenderness, and decreased sensation in the median nerve distribution of the right hand. On 1-15-2015, x-rays of the right wrist were unremarkable. On 1-15-2015, x-rays of the cervical spine revealed C5-7 fusion with instrumentation and C7-T1 severe degenerative disc disease with anterior subluxation spondylolisthesis. On February 20, 2015, a CT scan of the cervical spine revealed a fracture of the left lamina at C6 and bilateral pedicles of C6-7, which likely represent stress fractures. At cervical 7-thoracic 1, there was interval development of grade 1 spondylolisthesis and central and right disc protrusion since the prior exam in 2013. There were changes related to anterior and interbody fusion at C5-6 and C6-7 without hardware related complication and no mature bridging osseous fusion. There was moderate right neural foraminal narrowing at C3-4, moderate canal stenosis and moderate right neural foraminal narrowing at C3-4, mild canal stenosis and severe bilateral neural foraminal narrowing at C5-6, and grade 1 anterolisthesis at C7-T1. On March 2, 2015, electromyography and nerve conduction studies revealed moderate bilateral carpal tunnel syndrome and chronic residual

right C7 radiculopathy. Surgeries to date have included cervical fusion at C5-6 in 2008 and fusion at C5-6 and C6-7 in 2011. Treatment has included at least 9 sessions of physical therapy for the cervical spine and right wrist, acupuncture, spinal cord blocks, H-Wave, ice, heat, activity modifications, psychotherapy with biofeedback, spinal cord stimulator trial, a wrist support, and medications including pain (Percocet, Fentanyl transdermal), topical pain (Lidoderm patch), antidepressant (Cymbalta, Trazadone), anti-epilepsy (Topamax, Gabapentin), antiemetic (Ondansetron), and muscle relaxant (Robaxin). Per the treating physician (8-11-2015 report), the injured worker is temporarily totally disabled. On 8-25-2015, the requested treatments included a right carpal tunnel release, a cock-up splint purchase for the right wrist, 8 sessions of postoperative physical therapy to the right wrist, and 8 sessions of physical therapy to the cervical spine. On 9-3-2015, the original utilization review non-certified requests for a right carpal tunnel release, a cock-up splint purchase for the right wrist, 8 sessions of postoperative physical therapy to the right wrist, and 8 sessions of physical therapy to the cervical spine.

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 Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

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. In this case, there is evidence of carpal tunnel by EMG, but also of polyneuropathy and radiculopathy to the right with a cervical fusion non-union by CT scan at a level which could impact median nerve function. There has been no injection in this case to try to sort out which contributor is the most significant. Based on this, the request is not medically necessary.

Associated Surgical Service: Cock-Up Splint purchase 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.

Postoperative Physical Therapy to the Right Wrist 2 times per week for 4 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.

Associated Surgical Service: Physical Therapy to the Cervical Spine 2 times per week for 4 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.