

Case Number:	CM15-0186777		
Date Assigned:	09/28/2015	Date of Injury:	06/12/2015
Decision Date:	11/10/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/22/2015

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, Hand 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:

This is a 31-year-old male with a date of injury on 6-12-15. A review of the medical records indicates that the injured worker is undergoing treatment for chronic hand and wrist pain. Progress report dated 6-26-15 reports no symptoms in either hand. He reports having had numbness and tingling with a cold sensation in both hands described as severe and occurring frequently. Physical exam reveals essentially full range of motion of both hands and wrists. He had decreased sensation to light touch on the first, second, and third fingertips of the right hand and the second and third fingertips on the left hand. Phallens wrist flexoin test is positive laterally, finkelstein's thumb flexion test is negative bilaterally. The impression is bilateral carpal tunnel syndrome and surgery was recommended. Work status: working full time. Treatments include: medication and injections. Nerve conduction study revealed severe carpal tunnel syndrome in both wrists. Request for authorization was made for right carpal tunnel release and medical clearance. Utilization review dated 8-18-15 non-certified the request.

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This is a request for right carpal tunnel release surgery. Provided records from the requesting surgeon state electrodiagnostic testing has been performed but has not been reviewed by the treating surgeon and the results of the testing are not provided for my review. Records also indicate symptoms are substantially improved following injection. In the absence of electrodiagnostic support for the diagnosis and with minimal symptoms, carpal tunnel release surgery is not warranted at this time and the request is determined to be unnecessary.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Noncardiac Surgery: Guidelines and Recommendations MOLLY A. FEELY, MD; C. SCOTT COLLINS, MD; PAUL R. DANIELS, MD; ESAYAS B. KEBEDE, MD; AMINAH JATOI, MD; and KAREN F. MAUCK, MD, MSc, Mayo Clinic, Rochester, Minnesota Am Fam Physician. 2013 Mar 15; 87(6): 414-418.

Decision rationale: The California MTUS does not address preoperative testing. An extensive systematic review referenced above concluded that there was no evidence to support routine preoperative testing. More recent practice guidelines recommend testing in select patients guided by a preoperative risk assessment based on pertinent clinical history and examination findings, although this recommendation is based primarily on expert opinion or low-level evidence. In this case, there is no documented medical history to support the need for the requested evaluation. Therefore, the request is determined to be unnecessary.