

Case Number:	CM15-0192463		
Date Assigned:	10/06/2015	Date of Injury:	01/14/2014
Decision Date:	11/13/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	09/30/2015

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, Oregon, Washington
 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 54 year old female, who sustained an industrial-work injury on 1-14-14. She reported initial complaints of bilateral upper extremity pain. The injured worker was diagnosed as having recurrent left carpal tunnel syndrome and cubital tunnel syndrome as well as right carpal tunnel syndrome. Treatment to date has included medication, surgery (left carpal tunnel release on 5-30-14), diagnostics, and occupational therapy. EMG-NCV (electromyography and nerve conduction velocity test) was reported on 9-25-13 noted moderate left carpal tunnel syndrome. Currently, the injured worker complains of bilateral upper extremity pain and numbness and tingling that worsens with cold weather. Medical history includes Diabetes. Medications include Relafen, Prilosec, Ibuprofen, Menthoderm Ointments. Per the primary physician's progress report (PR-2) on 9-8-15, exam notes scars from prior left carpal tunnel surgery, positive Phalen's test, positive Tinel's test, bilateral compression test over median nerve with numbness of the thumb, index, and middle finger, spasm in left ring and left small finger. Current plan of care includes continue Interferential unit, continue bilateral volar wrist brace, and surgery. The Request for Authorization requested service to include Right carpal and cubital decompression, Pre-operative electrocardiogram (EKG) and Pre-operative labs. The Utilization Review on 9-25-15 denied the request for Right carpal and cubital decompression, Pre-operative electrocardiogram (EKG) and Pre-operative labs, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines, Forearm, Wrist, and Hand Complaints 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative labs: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-operative electrocardiogram (EKG): 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Right carpal and cubital decompression: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, and 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 lack of evidence in the records from 9/25/13 of electrodiagnostic evidence of carpal tunnel syndrome. This EMG showed moderate left carpal tunnel syndrome. In addition, there is lack of evidence of failed bracing or injections in the records. Therefore, the request is not medically necessary.