MAXIMUS Federal Services

Case Number:	CM15-0198198		
Date Assigned:	10/13/2015	Date of Injury:	02/06/2014
Decision Date:	12/09/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/08/2015

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:

The injured worker is a 55 year old female who sustained an industrial injury on 2-6-14. A review of the medical records indicates she is undergoing treatment for previous right shoulder impingement syndrome - improved with surgery in January 2014, persistent symptomatic left shoulder impingement syndrome, and bilateral carpal tunnel syndrome. Medical records (3-10-15 to 8-18-15) indicate ongoing complaints of left shoulder and arm pain, as well as pain and paresthesias in bilateral wrists. She rates her shoulder pain "5-8 out of 10" and her wrist pain "4 out of 10" (8-18-15). The records indicate that the injured worker is under the care of a hand specialist for her carpal tunnel syndrome. The hand specialist records are not provided for review. However, the primary treating provider indicates that a right carpal tunnel release is scheduled for 8-26-15. The plan is to complete the left carpal tunnel release "upon recovery" of the right wrist. Diagnostic studies have included an EMG-NCV of bilateral upper extremities, showing "evidence of median nerve compression of the right and left wrist". Treatment recommendations include continuation with recommendations for the right and left wrist and transfer of care to the hand surgeon for further surgery and treatment recommendations (8-18-15). The utilization review (9-21-15) includes a request for authorization of left carpal tunnel release with associated surgical services. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left 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: This is a request for left carpal tunnel release surgery. There is insufficient documentation to justify the appropriateness of the left carpal tunnel release. The majority of records provided are for unrelated symptoms around the shoulders. There are no records from the treating hand surgeon. The results of electrodiagnostic testing are not provided. There is no documentation of the response to non-surgical carpal tunnel treatment such as night splinting and carpal tunnel injection. The CA MTUS guidelines note that, "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 (page 270)." In this case, no documentation of exam findings by the treating surgeon and no supporting nerve conduction testing has been provided. At this time, there is a lack of medical evidence to support the need for carpal tunnel surgery, which is determined to be unnecessary.

Associated surgical service: 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 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.