

Case Number:	CM15-0023135		
Date Assigned:	02/12/2015	Date of Injury:	09/23/2013
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/06/2015

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, 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 50-year-old female who reported an injury on 09/23/2013 due to repetitive trauma while performing normal job duties. The injured worker's treatment history included nonsteroidal anti-inflammatory drugs, physical therapy, acupuncture, bracing, and corticosteroid injections. The injured worker's diagnoses included muscular tendinosis strain of the bilateral upper extremities and flexor tenosynovitis with mild trigger of the left middle finger. The electrodiagnostic study on 09/30/2014 revealed evidence of mild bilateral median neuropathy indicative of carpal tunnel syndrome. The injured worker was evaluated on 01/14/2015. It was documented that the injured worker had persistent pain complaints and severe numbness of the right wrist and hand. Physical exam findings of the bilateral wrist revealed tenderness to palpation along the carpometacarpal joint bilaterally, a positive Tinel's sign bilaterally and a positive Phalen's sign bilaterally. The injured worker's treatment plan included carpal tunnel release of the left wrist. A request was also made for acupuncture to assist with myofascial pain control prior to surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Carpal Tunnel Release Surgery: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The requested left carpal tunnel release surgery is medically necessary and appropriate. The American College of Occupational and Environmental Medicine do recommend surgical intervention for carpal tunnel syndrome when signs and symptoms are consistent with the diagnosis and supported by an electrodiagnostic study and the injured worker has failed all noninterventional treatments. The clinical documentation submitted for review does indicate that the injured worker has a positive Tinel's sign and Phalen's sign of the left wrist. It is also noted that the injured worker has failed to respond to conservative treatments to include acupuncture, physical therapy, nonsteroidal anti-inflammatory drugs and bracing. The injured worker underwent an electrodiagnostic study that did confirm the diagnoses of carpal tunnel syndrome. Given this information, surgical intervention would be supported in this clinical situation. As such, the requested left carpal tunnel release surgery is medically necessary and appropriate.

Acupuncture, Eight (8) Visits (2x4): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested acupuncture 8 visits 2 x 4 are not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of acupuncture as an adjunct of treatments to active therapy to reduce pain. The clinical documentation submitted for review does indicate that the injured worker is experiencing a significant amount of pain. However, California Medical Treatment Utilization Schedule recommends continued care be based on documented objective functional benefit. The clinical documentation submitted for review does indicate that the injured worker has previously undergone acupuncture treatment and has not received significant functional benefit and is now a surgical candidate. Therefore, additional acupuncture would not be supported. Furthermore, the request as it is submitted does not specifically identify a body part for treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested acupuncture, 8 visits 2 x 4 is not medically necessary or appropriate.