MAXIMUS Federal Services

Case Number:	CM15-0029121		
Date Assigned:	02/23/2015	Date of Injury:	10/18/2012
Decision Date:	04/14/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/17/2015

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 58-year-old male work related activities crush injury on 10/18/2012. The current diagnoses include rotator cuff syndrome, carpal tunnel syndrome, and joint pain in the shoulder region. The injured worker presented on 01/26/2015 for a follow-up evaluation. The injured worker reported ongoing left shoulder pain as well as left hand numbness and tingling. It was noted that the injured worker had been previously treated with hand therapy as well as physical therapy for the shoulder. Upon examination, there was decreased sensation to light touch in the 1st through 4th digits, positive Durkan's sign, positive Tinel's and Phalen's sign, mild thenar and hypothenar atrophy, and 2+ pulses. Recommendations at that time included a left open carpal tunnel release. There was no Request for Authorization submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Open Carpal Tunnel Release: Upheld

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

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, failed to respond to conservative management, including work site modifications, and who have clear clinical and special study evidence of a lesion. In this case, there were electrodiagnostic studies of the bilateral lower extremities provided; however, there were no electrodiagnostic studies of the upper extremities provided, indicating evidence of left carpal tunnel syndrome. While it is noted that the injured worker has evidence of carpal tunnel syndrome upon examination to include the naratrophy, the official electrodiagnostic report is required to proceed with surgery. Given the above, the request is not medically appropriate at this time.

Post-Op Hand Therapy x12 Visits: Upheld

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

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.

3 Stellate Ganglion Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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.

1 Block to be scheduled with [redacted] for the day following surgery in the event surgery worsens his CRPS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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.