

Case Number:	CM15-0031627		
Date Assigned:	02/25/2015	Date of Injury:	01/27/2014
Decision Date:	04/17/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/19/2015

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

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 51-year-old male who reported an injury on 01/27/2014. The mechanism of injury was not provided. Prior therapies included an EMG for the wrist, cortisone injections, and therapy. The documentation of 12/29/2014 revealed the mechanism of injury was cumulative trauma. The injured worker was noted to have cortisone injections into the left hand/middle finger which provided no relief. The injured worker complained of constant right hand pain that was achy, throbbing, and burning. The pain was associated with numbness and tingling. The pain was worse with lifting, typing, and reaching. Physical examination of the wrist revealed tenderness over the dorsal and palmar aspect. The Phalen's sign was positive and the Tinel's sign was positive at the median nerve. The diagnoses included left shoulder derangement and bilateral wrist/hand derangement. The treatment plan included an EMG and NCV of the bilateral upper extremities. There was no rationale or specific documentation requesting surgical intervention. There was no Request for Authorization submitted for review.

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 with A-1 pulley release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-273.

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

Decision rationale: The American College of Occupational and Environmental Medicine guidelines recommend carpal tunnel surgery for injured workers who have undergone conservative care, including physical therapy and bracing, as well as injections. There should be documentation of a failure to respond to conservative management, and there should be documentation of clear clinical and special study evidence. Carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction studies. Additionally in regard to trigger finger release, 1 or 2 injections of lidocaine and corticosteroids into or near the thickened end of the flexor tendon sheath of the affected finger are almost always sufficient to cure symptoms and restore function. The clinical documentation submitted for review failed to provide documentation of electrodiagnostic studies to support the diagnosis of carpal tunnel and to support the surgical intervention. The injured worker had objective findings upon physical examination to support the necessity for a carpal tunnel release. There was a lack of documentation of bracing. The documentation indicated the injured worker had a cortisone injection into the left hand and middle finger, which were not effective. The physical examination failed to indicate the injured worker had trigger finger upon examination. There was a lack of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for left carpal tunnel release surgery with A-1 pulley release is not medically necessary.

Pre op 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.

Post op left wrist brace: 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.

Post op cold therapy unit x 14 day rental: 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.

Post op physical therapy 2-3x4: 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.