

Case Number:	CM15-0032344		
Date Assigned:	02/25/2015	Date of Injury:	07/13/2012
Decision Date:	04/07/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 45 year old female, who sustained an industrial injury on July 13, 2012. The diagnoses have included carpal tunnel syndrome, status post right carpal tunnel release, unspecified internal derangement of the knee, pain in joint lower leg, chondromalacia of the patella and tear of the medial cartilage of meniscus of the knee. Treatment to date has included pain medications and post-operative physical therapy. Current documentation dated January 6, 2015 notes that the injured worker reported no significant change in her symptomology. Physical examination of the right upper extremity revealed a positive grind test and a positive Finkelstein's test. The injured worker had pain radiating from the thumb to the forearm. Examination of the left hand showed a positive Durkan's test for carpal tunnel syndrome. The treating physician recommended a carpal tunnel release to the left wrist and post-operative equipment. On January 30, 2015 Utilization Review non-certified a request for associated surgical services: wrist brace, Smart Glove, Microcool, interferential current (IFC) unit and supplies, transcutaneous electrical nerve stimulation unit and supplies, exercise kit and motorized compression pump as an outpatient. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and Hand section, Carpal tunnel release surgery.

Decision rationale: Pursuant to the Official Disability Guidelines, wrist brace is not medically necessary. Carpal tunnel release surgery is recommended after an accurate diagnosis of moderate or severe carpal tunnel syndrome. Surgery is not generally initially indicated from mild carpal tunnel syndrome, unless symptoms persist after conservative treatment. Carpal tunnel release is well supported, both open and endoscopic, assuming the diagnosis of carpal tunnel syndrome is correct. See the Official Disability Guidelines for additional details. In this case, the injured worker's working diagnoses are unspecified internal derangement of knee: pain and joint lower leg; chondromalacia patella; and tear of the medial cartilage or meniscus of knee. There were no diagnoses in the medical record concerning left wrist carpal tunnel syndrome. The request for treatment was for diagnosis of carpal tunnel syndrome. This request is for durable medical equipment for the postoperative period for left carpal tunnel release surgery. A progress note dated January 6, 2015 contains the most recent progress note. Subjectively, the injured worker reports no significant change in symptoms. The worker completed a postoperative course of physical therapy on the right side. The injured worker was hesitant about moving forward with surgery to the left side, but realizes something needs to be done. Objectively, the physical examination is notable for a positive Durkan's test. There is no documentation in the medical record of a nerve conduction study/EMG for carpal tunnel syndrome. The documentation (through the utilization review) states carpal tunnel surgery for the left wrist was not clinically indicated. The utilization review physician attempted a peer-to-peer phone call with the treating physician on January 28, 2015 at 2:26 PM. The requesting physician was unavailable and would need to return the call. A message was left. The documentation in a progress note dated January 6, 2015 does not indicate whether carpal tunnel syndrome is mild moderate or severe. There are no neurodiagnostic tests in the medical record. There was no evidence of conservative treatment in the medical record. Based on the information in the medical record carpal tunnel release surgery is not clinically indicated. As a result, postoperative DME (durable medical equipment) is not medically necessary. Consequently, absent clinical documentation to support carpal tunnel release surgery, a wrist brace is not medically necessary.

Associated Surgical Services: Smart Glove: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and Hand section, Carpal tunnel release surgery.

Decision rationale: Carpal tunnel release surgery is recommended after an accurate diagnosis of moderate or severe carpal tunnel syndrome. Surgery is not generally initially indicated from mild carpal tunnel syndrome, unless symptoms persist after conservative treatment. Carpal tunnel releases well supported, both open and endoscopic, assuming the diagnosis of carpal tunnel syndrome is correct. See the Official Disability Guidelines for additional details. In this case, the injured worker's working diagnoses are unspecified internal derangement of knee: pain and joint lower leg; chondromalacia patella; and tear of the medial cartilage or meniscus of knee. There were no diagnoses in the medical record concerning left wrist carpal tunnel syndrome. The request for treatment was for diagnosis of carpal tunnel syndrome. This request is for durable medical equipment for the postoperative period for left carpal tunnel release surgery. A progress note dated January 6, 2015 contains the most recent progress note. Subjectively, the injured worker reports no significant change in symptoms. The worker completed a postoperative course of physical therapy on the right side. The injured worker was hesitant about moving forward with surgery to the left side, but realizes something needs to be done. Objectively, the physical examination is notable for a positive Durkan's test. There is no documentation in the medical record of a nerve conduction study/EMG for carpal tunnel syndrome. The documentation (through the utilization review) states carpal tunnel surgery for the left wrist was not clinically indicated. The utilization review physician attempted a peer-to-peer phone call with the treating physician on January 28, 2015 at 2:26 PM. The requesting physician was unavailable and would need to return the call. A message was left. The documentation in a progress note dated January 6, 2015 does not indicate whether carpal tunnel syndrome is mild moderate or severe. There are no neurodiagnostic tests in the medical record. There was no evidence of conservative treatment in the medical record. Based on the information in the medical record carpal tunnel release surgery is not clinically indicated. As a result, postoperative DME (durable medical equipment) is not medically necessary. Consequently, absent clinical documentation to support carpal tunnel release surgery, a smart glove is not medically necessary.

Associated Surgical Services:Microcool: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and Hand section, Carpal tunnel release surgery.

Decision rationale: Pursuant to the Official Disability Guidelines, microcool is not medically necessary. Carpal tunnel release surgery is recommended after an accurate diagnosis of moderate or severe carpal tunnel syndrome. Surgery is not generally initially indicated from mild carpal tunnel syndrome, unless symptoms persist after conservative treatment. Carpal tunnel releases well supported, both open and endoscopic, assuming the diagnosis of carpal tunnel syndrome is correct. See the Official Disability Guidelines for additional details. In this case, the injured worker's working diagnoses are unspecified internal derangement of knee: pain and joint lower leg; chondromalacia patella; and tear of the medial cartilage or meniscus of knee. There were no diagnoses in the medical record concerning left wrist carpal tunnel syndrome. The request for

treatment was for diagnosis of carpal tunnel syndrome. This request is for durable medical equipment for the postoperative period for left carpal tunnel release surgery. A progress note dated January 6, 2015 contains the most recent progress note. Subjectively, the injured worker reports no significant change in symptoms. The worker completed a postoperative course of physical therapy on the right side. The injured worker was hesitant about moving forward with surgery to the left side, but realizes something needs to be done. Objectively, the physical examination is notable for a positive Durkan's test. There is no documentation in the medical record of a nerve conduction study/EMG for carpal tunnel syndrome. The documentation (through the utilization review) states carpal tunnel surgery for the left wrist was not clinically indicated. The utilization review physician attempted a peer-to-peer phone call with the treating physician on January 28, 2015 at 2:26 PM. The requesting physician was unavailable and would need to return the call. A message was left. The documentation in a progress note dated January 6, 2015 does not indicate whether carpal tunnel syndrome is mild moderate or severe. There are no neurodiagnostic tests in the medical record. There was no evidence of conservative treatment in the medical record. Based on the information in the medical record carpal tunnel release surgery is not clinically indicated. As a result, postoperative DME (durable medical equipment) is not medically necessary. Consequently, absent clinical documentation to support carpal tunnel release surgery, a microcool is not medically necessary.

Associated Surgical Services:IFC Unit and Supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and Hand section, Carpal tunnel release surgery.

Decision rationale: Pursuant to the Official Disability Guidelines, IFC unit with supplies is not medically necessary. Carpal tunnel release surgery is recommended after an accurate diagnosis of moderate or severe carpal tunnel syndrome. Surgery is not generally initially indicated from mild carpal tunnel syndrome, unless symptoms persist after conservative treatment. Carpal tunnel releases well supported, both open and endoscopic, assuming the diagnosis of carpal tunnel syndrome is correct. See the Official Disability Guidelines for additional details. In this case, the injured workers working diagnoses are unspecified internal derangement of knee: pain and joint lower leg; chondromalacia patella; and tear of the medial cartilage or meniscus of knee. There were no diagnoses in the medical record concerning left wrist carpal tunnel syndrome. The request for treatment was for diagnosis of carpal tunnel syndrome. This request is for durable medical equipment for the postoperative period for left carpal tunnel release surgery. A progress note dated January 6, 2015 contains the most recent progress note. Subjectively, the injured worker reports no significant change in symptoms. The worker completed a postoperative course of physical therapy on the right side. The injured worker was hesitant about moving forward with surgery to the left side, but realizes something needs to be done. Objectively, the physical examination is notable for a positive Durkan's test. There is no documentation in the medical record of a nerve conduction study/EMG for carpal tunnel syndrome. The documentation (through the utilization review) states carpal tunnel surgery for the left wrist was not clinically

indicated. The utilization review physician attempted a peer-to-peer phone call with the treating physician on January 28, 2015 at 2:26 PM. The requesting physician was unavailable and would need to return the call. A message was left. The documentation in a progress note dated January 6, 2015 does not indicate whether carpal tunnel syndrome is mild moderate or severe. There are no neurodiagnostic tests in the medical record. There was no evidence of conservative treatment in the medical record. Based on the information in the medical record carpal tunnel release surgery is not clinically indicated. As a result, postoperative DME (durable medical equipment) is not medically necessary. Consequently, absent clinical documentation to support carpal tunnel release surgery, an IFC unit with supplies is not medically necessary.

Associated Surgical Services: TENS unit and supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and Hand section, Carpal tunnel release surgery.

Decision rationale: Pursuant to the Official Disability Guidelines, TENS Unit is not medically necessary. Carpal tunnel release surgery is recommended after an accurate diagnosis of moderate or severe carpal tunnel syndrome. Surgery is not generally initially indicated from mild carpal tunnel syndrome, unless symptoms persist after conservative treatment. Carpal tunnel releases well supported, both open and endoscopic, assuming the diagnosis of carpal tunnel syndrome is correct. See the Official Disability Guidelines for additional details. In this case, the injured worker's working diagnoses are unspecified internal derangement of knee: pain and joint lower leg; chondromalacia patella; and tear of the medial cartilage or meniscus of knee. There were no diagnoses in the medical record concerning left wrist carpal tunnel syndrome. The request for treatment was for diagnosis of carpal tunnel syndrome. This request is for durable medical equipment for the postoperative period for left carpal tunnel release surgery. A progress note dated January 6, 2015 contains the most recent progress note. Subjectively, the injured worker reports no significant change in symptoms. The worker completed a postoperative course of physical therapy on the right side. The injured worker was hesitant about moving forward with surgery to the left side, but realizes something needs to be done. Objectively, the physical examination is notable for a positive Durkan's test. There is no documentation in the medical record of a nerve conduction study/EMG for carpal tunnel syndrome. The documentation (through the utilization review) states carpal tunnel surgery for the left wrist was not clinically indicated. The utilization review physician attempted a peer-to-peer phone call with the treating physician on January 28, 2015 at 2:26 PM. The requesting physician was unavailable and would need to return the call. A message was left. The documentation in a progress note dated January 6, 2015 does not indicate whether carpal tunnel syndrome is mild moderate or severe. There are no neurodiagnostic tests in the medical record. There was no evidence of conservative treatment in the medical record. Based on the information in the medical record carpal tunnel release surgery is not clinically indicated. As a result, postoperative DME (durable medical equipment)

is not medically necessary. Consequently, absent clinical documentation to support carpal tunnel release surgery, a TENS unit is not medically necessary.

Associated Surgical Services: Exercise Kit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and Hand section, Carpal tunnel release surgery.

Decision rationale: Pursuant to the Official Disability Guidelines, Exercise kit is not medically necessary. Carpal tunnel release surgery is recommended after an accurate diagnosis of moderate or severe carpal tunnel syndrome. Surgery is not generally initially indicated from mild carpal tunnel syndrome, unless symptoms persist after conservative treatment. Carpal tunnel releases well supported, both open and endoscopic, assuming the diagnosis of carpal tunnel syndrome is correct. See the Official Disability Guidelines for additional details. In this case, the injured worker's working diagnoses are unspecified internal derangement of knee: pain and joint lower leg; chondromalacia patella; and tear of the medial cartilage or meniscus of knee. There were no diagnoses in the medical record concerning left wrist carpal tunnel syndrome. The request for treatment was for diagnosis of carpal tunnel syndrome. This request is for durable medical equipment for the postoperative period for left carpal tunnel release surgery. A progress note dated January 6, 2015 contains the most recent progress note. Subjectively, the injured worker reports no significant change in symptoms. The worker completed a postoperative course of physical therapy on the right side. The injured worker was hesitant about moving forward with surgery to the left side, but realizes something needs to be done. Objectively, the physical examination is notable for a positive Durkan's test. There is no documentation in the medical record of a nerve conduction study/EMG for carpal tunnel syndrome. The documentation (through the utilization review) states carpal tunnel surgery for the left wrist was not clinically indicated. The utilization review physician attempted a peer-to-peer phone call with the treating physician on January 28, 2015 at 2:26 PM. The requesting physician was unavailable and would need to return the call. A message was left. The documentation in a progress note dated January 6, 2015 does not indicate whether carpal tunnel syndrome is mild moderate or severe. There are no neurodiagnostic tests in the medical record. There was no evidence of conservative treatment in the medical record. Based on the information in the medical record carpal tunnel release surgery is not clinically indicated. As a result, postoperative DME (durable medical equipment) is not medically necessary. Consequently, absent clinical documentation to support carpal tunnel release surgery, an exercise kit is not medically necessary.

Associated Surgical Services: Motorized Compression Pump: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and Hand section, Carpal tunnel release surgery.

Decision rationale: Pursuant to the Official Disability Guidelines, Motorized compression pump is not medically necessary. Carpal tunnel release surgery is recommended after an accurate diagnosis of moderate or severe carpal tunnel syndrome. Surgery is not generally initially indicated from mild carpal tunnel syndrome, unless symptoms persist after conservative treatment. Carpal tunnel releases well supported, both open and endoscopic, assuming the diagnosis of carpal tunnel syndrome is correct. See the Official Disability Guidelines for additional details. In this case, the injured worker's working diagnoses are unspecified internal derangement of knee: pain and joint lower leg; chondromalacia patella; and tear of the medial cartilage or meniscus of knee. There were no diagnoses in the medical record concerning left wrist carpal tunnel syndrome. The request for treatment was for diagnosis of carpal tunnel syndrome. This request is for durable medical equipment for the postoperative period for left carpal tunnel release surgery. A progress note dated January 6, 2015 contains the most recent progress note. Subjectively, the injured worker reports no significant change in symptoms. The worker completed a postoperative course of physical therapy on the right side. The injured worker was hesitant about moving forward with surgery to the left side, but realizes something needs to be done. Objectively, the physical examination is notable for a positive Durkan's test. There is no documentation in the medical record of a nerve conduction study/EMG for carpal tunnel syndrome. The documentation (through the utilization review) states carpal tunnel surgery for the left wrist was not clinically indicated. The utilization review physician attempted a peer-to-peer phone call with the treating physician on January 28, 2015 at 2:26 PM. The requesting physician was unavailable and would need to return the call. A message was left. The documentation in a progress note dated January 6, 2015 does not indicate whether carpal tunnel syndrome is mild moderate or severe. There are no neurodiagnostic tests in the medical record. There was no evidence of conservative treatment in the medical record. Based on the information in the medical record carpal tunnel release surgery is not clinically indicated. As a result, postoperative DME (durable medical equipment) is not medically necessary. Consequently, absent clinical documentation to support carpal tunnel release surgery, a motorized compression unit is not medically necessary.