

Case Number:	CM15-0034969		
Date Assigned:	03/03/2015	Date of Injury:	12/14/2013
Decision Date:	04/09/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/24/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 34 year old female, who sustained an industrial injury on December 14, 2013. She has reported repetitive use injury. The diagnoses have included right carpal tunnel syndrome. Treatment to date has included medications, splinting, physical therapy, and modified duty work status. Currently, the IW complains of numbness and tingling of her hand, with weakness, and difficulty with holding objects. Physical examination revealed positive Phalen and Tinel at the wrist, diminished grip strength. Electrodiagnostic studies on October 21, 2014, reveal moderate right carpal tunnel syndrome on a generalized, likely diabetic, polyneuropathy, no evidence of ulnar neuropathy or radial neuropathy. On February 17, 2015, Utilization Review modified certification of outpatient surgery: endoscopic carpal tunnel release without use of an assistant. The ACOEM and non-MTUS guidelines were cited. On February 24, 2015, the injured worker submitted an application for IMR for review of outpatient surgery: endoscopic carpal tunnel release with surgical assistant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient surgery: Endoscopic carpal tunnel release with surgical assistant: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Book Chapter, Basic Surgical Technique and Postoperative Care. David L. Cannon Campbell's Operative Orthopaedics, Page Number: Chapter 64, 3200-3220.

Decision rationale: An endoscopic carpal tunnel release was certified, but not an assistant surgeon. Specific reasoning was not provided in the UR other than there is no indication. From the above reference, with respect to hand surgery, the role of the assistant surgeon is defined: 'Seated opposite the surgeon, the assistant should view the operative field from 8 to 10 cm higher than the surgeon to allow a clear line of vision without having to bend forward and obstruct the surgeon's view. Although mechanical hand holders are available, they are not as good as a motivated and well-trained assistant. It is especially helpful for the assistant to be familiar with each procedure. Usually, the primary duty of the assistant is to hold the patient's hand stable, secure, and motionless, retracting the fingers to provide the surgeon with the best access to the operative field. Thus, the role and importance of an assistant surgeon is well-defined and should be considered medically necessary for this patient.