

Case Number:	CM15-0036188		
Date Assigned:	03/04/2015	Date of Injury:	02/28/2012
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/26/2015

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, Hand 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 52-year-old woman reporting pain in her neck, upper back, both shoulders, both elbows, both wrists, both hands and low back with radicular symptoms attributed to February 2011 - February 2012 cumulative trauma at a sedentary job. Diagnoses include cervical syndrome with radiculopathy, thoracic musculoligamentous sprain, right shoulder sprain, status post left shoulder surgery, right wrist sprain, right carpal tunnel, right deQuervain's, status post left carpal tunnel release, stress. Treatment has included left shoulder surgery, left carpal tunnel release, physical therapy and chiropractic. Symptoms related to the treatment request include tenderness to palpation over the volar carpal ligament, positive Tinel's sign and positive Phalen's sign. The treatment plan includes right carpal tunnel release surgery. On February 12, 2015 Utilization Review non certified right carpal tunnel release, pre-operative clearance, postoperative physiotherapy and exercise, postoperative cold/hot therapy unit rental, postoperative aircast cryo/cuff purchase, and postoperative cold/hot compression unit citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release QTY: 1: 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): 315-317.

Decision rationale: It is noted on page 315 of the ACOEM guidelines that traditional findings associated with carpal tunnel syndrome have limited diagnostic value and electrodiagnostic testing is recommended to establish the diagnosis. The records reviewed do not include electrodiagnostic testing, although upper and lower extremity electrodiagnostic testing is mentioned reportedly consistent with polyneuropathy and both cervical and lumbar radiculopathy which would be more consistent with the diffuse reported symptoms in this case than a diagnosis of right carpal tunnel syndrome. Therefore, the diagnosis has not been well established. It is worth noting that the records indicate failed carpal tunnel surgery on the opposite hand with substantial ongoing symptoms. If the diagnoses were better established, there is no documentation of routine non-surgical treatment such as night splinting and carpal tunnel corticosteroid injection, the response to which is a good predictor of outcome following surgery. Therefore, the request for Right Carpal Tunnel Syndrome Release Surgery is not medically necessary.

Pre-operative clearance QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC; ODG treatment; Integrated treatment/Disability duration guidelines, Low Back Chapter.

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/hot therapy unit rental: Upheld

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 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 physiotherapy and exercise: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Carpal Tunnel Syndrome: Post-surgical Treatment (Endoscopic).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The California MTUS would support 3-8 therapy sessions over 3-5 weeks following carpal tunnel release surgery. However, the requested surgery is not medically necessary and therefore the post-operative treatment is also unnecessary.

Post op Aircast cryo/cuff purchase: Upheld

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 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/hot compression unit: Upheld

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 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.