

Case Number:	CM15-0039296		
Date Assigned:	03/09/2015	Date of Injury:	06/13/2011
Decision Date:	04/16/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/02/2015

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 58 year old female, who sustained an industrial injury on 6/13/11. She reported pain in the cervical spine, bilateral shoulders, left elbow/wrist and right hand/wrist. The injured worker was diagnosed as having right carpal tunnel syndrome and right sided cervical radiculitis. Treatment to date has included physical therapy and pain medications. As of the PR2 dated 2/2/15, the injured worker reports pain in the right thumb with numbness in the right hand. The treating physician noted a protruding metacarpal base consistent with an osteoarthritic condition and a positive Finkelstein test. The treating physician recommended an excisional arthroplasty of the right trapezium with release of the first dorsal compartment and occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Occupational Therapy 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19, 22 and 16.

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

Decision rationale: As the procedure was not considered medically necessary postoperative physical therapy would not be considered medically necessary.

Right Open Carpal Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The patient is a 58 year old female with signs and symptoms of possible right carpal tunnel syndrome who has failed conservative management including bracing and medical management. However, there are no supporting electrodiagnostic studies provided in the records reviewed to support a median nerve entrapment at the wrist. From page 270, Chapter 11, ACOEM: CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Therefore, without supporting electrodiagnostic studies, right carpal tunnel syndrome should not be considered medically necessary.