

Case Number:	CM15-0041643		
Date Assigned:	03/11/2015	Date of Injury:	04/08/2013
Decision Date:	05/12/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/05/2015

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, 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 62-year-old male who reported an injury on 04/08/2013. The mechanism of injury was not specifically stated. The current diagnoses include chronic right carpal tunnel syndrome, and status post cervical spine arthrodesis. The injured worker presented on 02/03/2015, for a follow-up evaluation with significant right upper extremity neurological symptoms. The injured worker reported daily pain with numbness and tingling in the right hand. It was noted that the injured worker's symptoms had been refractory to prolonged splinting and rest/activity modification. Repeat electrodiagnostic studies on 11/14/2014, were considered inconclusive. Upon examination, there was a significantly positive Tinel's sign at the carpal tunnel, with paresthesia to the radial digits, moderate atrophy of the thenar muscle on the right, 5/5 motor strength, and a subjective decrease in sensation in all digits. A positive Phalen's and carpal tunnel compression test was also noted. Recommendations included a carpal tunnel release surgery on an outpatient basis. A Request for Authorization form was then submitted on 02/05/2015. The official report from the neurodiagnostic evaluation on 11/14/2014 was submitted for review and confirmed inconclusive findings secondary to the injured worker's inability to tolerate the complete study. Further studies, including left upper limb comparison studies were needed to complete the electrodiagnostic workup. The injured worker declined the recommendation for later testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right 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 and 271.

Decision rationale: The CA MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management including work site modification, and have clear, clinical and special study evidence of a lesion. Carpal tunnel syndrome must be proved by positive findings on clinical examination, and supported by nerve conduction studies prior to surgery. Upon examination, there was a significantly positive Tinel's sign at the carpal tunnel, with paresthesia to the radial digits, moderate atrophy of the thenar muscle on the right, 5/5 motor strength, and a subjective decrease in sensation in all digits. A positive Phalen's and carpal tunnel compression test was also noted. It was noted that the injured worker's symptoms had been refractory to prolonged splinting and rest/activity modification. However, the provided electrodiagnostic study report indicates that the study was incomplete and the source of the diffuse abnormal sensory latencies could not be determined as the study was not completed. An electrodiagnostic study must be provided to support the diagnosis of carpal tunnel syndrome prior to surgery. Therefore, the injured worker does not meet criteria for the requested procedure at this time. As such, the request is not medically appropriate.

Post-Operative Occupational Therapy 2 x 3 Weeks: 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.

Pre-Operative Clearance with Internal Medicine MD for Evaluation: 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.

Associated surgical service: Lab Work: 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.

Associated surgical service: EKG: 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.

Associated surgical service: Chest X-Ray: 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.