

Case Number:	CM15-0043323		
Date Assigned:	03/13/2015	Date of Injury:	07/22/2013
Decision Date:	05/12/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/06/2015

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 50-year-old male who reported an injury on 07/22/2013. The mechanism of injury was noted as a piece of wood fell and hit the injured worker's right wrist. His diagnostic studies were noted to include electrodiagnostic testing performed on 11/24/2014, which was noted to reveal peripheral sensory neuropathy of the bilateral upper extremities. There was no electrodiagnostic evidence of bilateral cubital tunnel syndrome. During the assessment on 11/24/2014, the injured worker complained of pain in the right wrist and forearm, numbness in the right hand and digits (mostly little finger), tingling in the right hand, stiffness in the right hand and wrist, decreased strength in the right hand and wrist, swelling in the right hand and wrist, sensitivity in the right hand and wrist, night pain, and difficulty applying pressure. The physical examination of the wrist revealed no hypersensitive areas. There was decreased range of motion and strength on the right. The range of motion testing revealed dorsiflexion of 50 degrees, volar flexion of 55 degrees, radial deviation of 10 degrees, and ulnar deviation of 45 degrees. There was no tenderness to the distal radioulnar joint and over the triangular fibrocartilage complex on the right. There was a positive Finkelstein's test on the right causing pain in the ulnar aspect of the wrist. There were also positive Tinel's, Phalen's, and direct nerve compression tests on the right. The treatment plan was to request additional diagnostic studies. The rationale for the request was to evaluate a possible triangular fibrocartilage complex injury or tendinitis condition. The Request for Authorization form was dated 01/28/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release (CTR): 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 request for right carpal tunnel release is not medically necessary. The California MTUS/ACOEM Guidelines state that carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. However, the clinical documentation did not indicate that the injured worker had attempted initial conservative treatment, to include 1 month of activity modification, 1 month wearing a night wrist splint, or had a successful initial outcome from a corticosteroid injection. Given the above, this request is not medically necessary.

PreOperative Medical Clearance: 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.

Post Operative occupational therapy (OT) three (3) times a week over four (4) 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.

PostOperative Splint: 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.