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| Case Number: | CM15-0043559 | | |
| Date Assigned: | 03/13/2015 | Date of Injury: | 04/20/2010 |
| Decision Date: | 04/23/2015 | UR Denial Date: | 03/06/2015 |
| Priority: | Standard | Application Received: | 03/09/2015 |

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: New York
 Certification(s)/Specialty: Neurological 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(n) 51 year old male, who sustained an industrial injury on 4/20/10. He reported pain in the left elbow related to lifting a heavy object. The injured worker was diagnosed as having carpal tunnel syndrome and lateral epicondylitis. Treatment to date has included home exercise plan, ice and elevation and pain medications. As of the PR2 dated 2/12/15, the injured worker reports more numbness and tingling involving the left middle finger and the radial aspect of the left ring finger. The treating physician noted a positive Tinel test over the median nerve. The treating physician is recommending neurolysis/decompression of the left median nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurolysis/decompression LEFT median nerve: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel release.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-265.

Decision rationale: The California MTUS guidelines do recommend repeat EMGs and NCVs in the management of carpal tunnel syndromes (CTS). They also recommend the use of nocturnal and diurnal splints if necessary and consideration of corticosteroid injections. Documentation does not show these interventions have been tried in the four months prior to the submission of the RA. The requested treatment: Neurolysis/decompression Left median nerve is not medically necessary and appropriate.

Pre-op clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7.

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: Cold therapy unit 30 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 physical therapy (2x week x 4 weeks) #8: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.