

Case Number:	CM15-0044405		
Date Assigned:	03/16/2015	Date of Injury:	10/20/2008
Decision Date:	05/06/2015	UR Denial Date:	02/18/2015
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: California
 Certification(s)/Specialty: Orthopedic 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 49-year-old female who reported an injury on 10/20/2008. The mechanism of injury involved repetitive activity. The injured worker is currently diagnosed with a rotator cuff tear of the right shoulder with impingement and severe right carpal tunnel syndrome. On 01/22/2015, the injured worker presented for an evaluation regarding right shoulder and wrist pain. The injured worker also reported numbness and tingling of the right hand. It was noted that the injured worker had been treated with therapy, medications, injections, and rest. The injured worker remained disabled and had been unable to return to work. Upon examination of the right hand and wrist, there was diminished grip strength, positive Tinel's and Phalen's signs, decreased sensation, and 7 mm 2 point discrimination in the thumb, index, and long fingers. Muscle strength and manual testing were normal. X-rays of the right hand revealed normal findings. Recommendations at that time included a right carpal tunnel release. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: Assistant surgeon/Physician Assistant (PA): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Surgical Assistant.

Decision rationale: The Official Disability Guidelines recommend a surgical assistant in more complex procedures. In this case, it was noted that the injured worker had been issued authorization for a right carpal tunnel release. Given this fairly simple procedure, a surgical assistant would not be supported. As such, the request is not medically necessary.

Post-op Physical therapy Right wrist x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal tunnel Page(s): s 16 and 22.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): s 10 and 16.

Decision rationale: California MTUS Guidelines state the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a carpal tunnel release includes 3 to 8 visits over 3 to 5 weeks. The current request for an initial 8 sessions would exceed guidelines' recommendations. Therefore, the request is not medically necessary and appropriate at this time.

Post-op Cold therapy Unit purchase: 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) - Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Continuous cold therapy (CCT).

Decision rationale: The Official Disability Guidelines recommend continuous cold therapy as an option only in the postoperative setting. Postoperative use should be no more than 7 days, including home use. The request for a postoperative cold therapy unit purchase exceeds guidelines' recommendations. Therefore, the request is not medically necessary and appropriate at this time.

Post-op IF unit 30 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 117-121.

Decision rationale: California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatment. There is a lack of clinical efficacy by controlled clinical trials that would support improved clinical outcomes with an interferential unit following a carpal tunnel release. Given the above, the request is not medically necessary and appropriate.