

Case Number:	CM15-0049790		
Date Assigned:	03/23/2015	Date of Injury:	02/28/2011
Decision Date:	05/12/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/16/2015

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 54-year-old female who reported an injury on 09/07/2009 due to an unspecified mechanism of injury. On 03/12/2015, the injured worker presented for an evaluation regarding her work related injury. She reported persistent pain in the cervical spine, lumbar spine, bilateral hands, left knee, and bilateral feet rated at a 4/10 and a 4/10 at the wrist, and 5/10 at the bilateral shoulders. She stated that the pain was made better by rest and medications and worse with activities. Her medications included Ultram and she was not noted to be attending chiropractic or physical therapy. On examination of the cervical spine, there was tenderness over the midline and paraspinals and hypertonicity in the paraspinals with asymmetric loss of range of motion. She also had a positive compression and Spurling's on the right. The right wrist revealed tenderness with Phalen's and Tinel's tests that were positive with carpal tunnel and grade 4/5 sensation in the right median nerve distribution. She was diagnosed with chronic cervical strain, chronic lumbar strain, bilateral elbow tendinitis, and bilateral carpal tunnel syndrome. She was noted to have undergone electrodiagnostic studies on 12/16/2014, which showed mild compression of the median nerve at the carpal tunnel, by electrodiagnostic criteria. The Treatment plan was for a right carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: MRI of the Cervical Spine: 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.

Right Carpal Tunnel Release: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: According to the California MTUS/ACOEM Guidelines, carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction studies before surgery is undertaken. It is also noted that a referral for hand surgery consultation may be indicated for those who have red flags of a serious nature, fail to respond to conservative management, and who have clear clinical and special study evidence of a lesion that has been shown to benefit from surgical intervention. While the documentation provided does show that the injured worker has evidence of mild carpal tunnel syndrome on the right, there is a lack of documentation showing that she has undergone conservative treatment such as night wrist splinting or physical therapy or injections to support the requested procedure. Without this information, the request would not be supported by the evidence-based guidelines. As such, the request is not medically necessary.

Pre-Operative 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 (10-sessions for the right wrist): 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.