

Case Number:	CM15-0050192		
Date Assigned:	03/23/2015	Date of Injury:	11/23/2009
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/17/2015

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: Illinois, California, Texas
 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 53-year-old female who sustained an industrial injury on 11/23/09. The 10/31/14 electrodiagnostic study report documented complaints of bilateral arm and hand pain and numbness for the past few years. She had physical and occupational therapy without significant improvement. She had retired and was not working. Physical exam documented normal sensation, motor and reflexes with negative Tinels and Phalens signs bilaterally. The bilateral upper extremity EMG/nerve conduction study was reported normal with no evidence of carpal tunnel syndrome, ulnar or radial neuropathy, or significant cervical radiculopathy. The 12/22/14 treating physician report cited and flare-up of her bilateral carpal tunnel syndrome, shoulder bursitis, and cervical strain. She reported pain in the wrist, 1st and 2nd fingers, and the forearm. Pain can wake her up at night and the fingers get numb. Right wrist/hand exam documented intact sensation in all finger and normal strength. Phalens and Tinels were reported positive. The injured worker was taking non-steroidal anti-inflammatory drugs (NSAIDs) and they were helping. Splints were discussed as a treatment option. The patient had failed all conservative treatment, including NSAIDs, steroids, bracing, therapy and time. A carpal tunnel release was requested. The 3/5/15 utilization review non-certified a request for right carpal tunnel release and associated post-op physical therapy and Norco as there no electrodiagnostic evidence of carpal tunnel syndrome and limited signs/symptoms and exam findings.

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 Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Chapter.

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

Decision rationale: The California MTUS guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. Guideline criteria have not been met. The patient presents with signs and symptoms consistent with carpal tunnel syndrome and positive carpal tunnel testing. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no electrodiagnostic evidence of carpal tunnel syndrome to support the medical necessity of surgery at this time. Therefore, this request is not medically necessary at this time.

Post-op occupational therapy (OT) 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16 and 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15 and 16.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Post-op Norco 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/APAP Page(s): 82-88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/Acetaminophen Page(s): 76-80 and 91.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.