

Case Number:	CM15-0052333		
Date Assigned:	03/25/2015	Date of Injury:	10/27/2013
Decision Date:	05/12/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/19/2015

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 40-year-old female who reported an injury on an unspecified date. The mechanism of injury was not clearly provided. There were no clinical records submitted for review. The injured worker's diagnoses were not clearly provided. The injured worker's past treatments were not clearly provided. The injured worker's diagnostic testing was not submitted for review. The injured worker's surgical history was not clearly provided. The injured worker's medications were not specifically provided. The request was for redo of right carpal tunnel decompression with ulnar fat flap transfer and biofilm wrapping of medial nerve, postoperative occupational therapy 3 times 3 weeks, postoperative Norco 10/325 mg #40, postoperative prednisone 10 mg #5, and postoperative Zofran 8 mg #10. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Redo right carpal tunnel decompression with ulnar fat flap transfer & biofilm wrapping of medial nerve: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 270-271.

Decision rationale: The request for redo right carpal tunnel decompression with ulnar fat flap transfer and biofilm wrapping of medial nerve is not medically necessary. There was no physical examination submitted with significant subjective findings, significant objective findings, conservative care, or imaging findings documented. According to the California MTUS ACOEM Guidelines, surgical considerations may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management, and have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Given the above, the request is not supported. As such, the request is not medically necessary.

Post-op occupational therapy 3 x 3 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.

Post-op Norco 10/325mg #40: 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-op Prenisone 10mg #5: 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-op Zofran 8mg #10: 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.