

Case Number:	CM15-0054038		
Date Assigned:	03/27/2015	Date of Injury:	08/29/2013
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/23/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 sustained an industrial injury on a continuous trauma basis from 9/24/09 to 12/31/13. She reported right wrist pain. The injured worker was diagnosed as having right wrist carpal tunnel syndrome, right wrist injury, right wrist status post carpal tunnel release on 6/18/14, left wrist carpal tunnel syndrome per electromyogram on 12/17/14, and left wrist/hand pain from overcompensation. Treatment to date has included occupational therapy for the right hand and a home exercise program. Currently, the injured worker complains of bilateral wrist/hand pain with numbness and tingling. The treating physician requested authorization for left carpal tunnel release, pre-operative labs, pre-operative clearance, and post-operative occupational therapy 2x6 for the left wrist. The treating physician noted electromyogram results revealed left carpal tunnel syndrome therefore surgery was requested. The patient is noted to have constant numbness in the left median nerve distribution, with positive Tinel's, Phalen's and carpal compression. Conservative management has included a NSAIDs, home exercise program, activity modification and bracing. A steroid injection was not documented. Electrodiagnostic studies from 12/17/14 note a mild left carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Occupational Therapy 2x week x 6 weeks left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: As the procedure was not considered medically necessary, post-operative physical therapy would not be medically necessary.

Left Carpal Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 and 272.

Decision rationale: The patient is a 49 year old female with signs and symptoms of left carpal tunnel syndrome that has failed conservative management of splinting, medical management, activity modification and home exercise therapy. A corticosteroid injection has not been attempted. This diagnosis is supported by electrodiagnostic studies documenting a mild left carpal tunnel syndrome. From page 270, Chapter 11, ACOEM: CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. From page 272, Table 11-7, a corticosteroid injection is recommended after a trial of splinting and medication. Given the patient's confirmed mild condition based on electrodiagnostic studies, a complete course of conservative management should be completed including a consideration for a steroid injection. This was commented on by the AME. A consideration for a steroid injection was not documented. Without this and the overall mild condition, a left carpal tunnel release should not be considered medically necessary.

Pre Op Labs: 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); Low Back (updated 01/30/15) Preoperative lab testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 and 272.

Decision rationale: As the procedure was not considered medically necessary, pre-op labs would not be medically necessary.

Pre Op Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id-48408> Perioperative protocol. Health care protocol.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 and 272.

Decision rationale: As the procedure was not considered medically necessary, pre-op clearance would not be medically necessary.