

Case Number:	CM15-0080328		
Date Assigned:	05/01/2015	Date of Injury:	05/13/2014
Decision Date:	07/02/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/27/2015

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, Hand 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 49 year old female, who sustained an industrial injury on 5/13/2014. She reported a slip and fall on a wet surface while mopping. The injured worker was diagnosed as having carpal tunnel syndrome. Treatment to date has included conservative measures, including diagnostics, medications, wrist/hand support, modified work restrictions, and acupuncture, transcutaneous electrical nerve stimulation unit. A progress report (1/16/2015) noted failed practice guidelines regarding treatment of bilateral carpal tunnel syndrome. Positive electromyogram studies were referenced. A right, then left, carpal decompression was recommended. The treatment plan included carpal tunnel decompression, pre-operative medical clearance, post-operative cold therapy unit rental, and post-operative physical therapy. Currently (3/04/2015), the injured worker complains of right achy wrist pain, rated 6/10. She was currently not working and medication use was not detailed. She was awaiting authorization for right carpal tunnel release and was to continue home exercise. The progress report did not address left carpal tunnel release at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: 2 weeks rental of cold therapy unit: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints page(s): 265. Decision based on Non-MTUS Citation J Shoulder Elbow Surg. 2015 Mar 27. pii: S1058-2746(15)00077-4. doi: 10.1016/j.jse.2015.02.004. [Epub ahead of print] Compressive cryotherapy versus ice-a prospective, randomized study on postoperative pain in patients undergoing arthroscopic rotator cuff repair or subacromial decompression. Kraeutler MJ1, Reynolds KA2, Long C2, McCarty EC2.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Left carpal tunnel decompression: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints page(s): 260-270.

Decision rationale: The history is inconsistent left carpal tunnel syndrome with an independent/qualified medical evaluation noting a slip and fall injuring the right hand, right knee, low back and left foot/ankle - there is no report of left hand injury. Persistent symptoms are diffuse and impressions include lumbar spasm, lumbar disc protrusion, right hip sprain/strain, right knee chondromalacia, right knee meniscal degeneration, right carpal tunnel syndrome, right deQuervain's and right lateral epicondylitis. Extensive testing including lumbar MRI, elbow MRI, knee MRI and lower extremity electrodiagnostic testing are provided, but upper extremity electrodiagnostic testing is not provided. With the history being inconsistent with left carpal tunnel syndrome and no objective electrodiagnostic support for the diagnosis, the surgical request is not supported by clinical guidelines.

Associated surgical services: Pre-op medical clearance, labs (CBC, PT, PTT, urinalysis, basic metabolic panel and HBGA1C) and diagnostics (chest x-ray, electrocardiography):
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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Noncardiac Surgery: Guidelines and Recommendations, MOLLY A. FEELY, MD; C. SCOTT COLLINS, MD; PAUL R. DANIELS, MD; ESAYAS B. KEBEDE, MD; AMINAH JATOI, MD; and KAREN F. MAUCK, MD, MSc, Mayo Clinic, Rochester, Minnesota, Am Fam Physician. 2013 Mar 15; 87(6):414-418.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical services: 12 post operative physical therapy visits for the left wrist:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines page(s):
16.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.