

Case Number:	CM15-0083384		
Date Assigned:	05/05/2015	Date of Injury:	07/30/2013
Decision Date:	06/08/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	04/30/2015

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: Minnesota, Florida
 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 43-year-old female, who sustained an industrial injury on July 30, 2013. She reported bilateral arm pain and numbness worse on the right than the left. The injured worker was diagnosed as having bilateral radial tunnel syndrome, bilateral forearm tendinitis, bilateral carpal tunnel syndrome and trapezial paracervical and parascapular strain. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, activity restrictions and rest, splinting and medications. Currently, the injured worker complains of continued pain in the bilateral arms, elbows, wrists and hands with associated tingling and numbness. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on March 3, 2015, revealed continued pain with associated symptoms. She reported pain radiating into the right shoulder at times. It was noted she required stomach protective medications with the continued use of anti-inflammatory secondary to a history of gastroesophageal reflux disease. Evaluation on April 14, 2015, revealed continued pain with associated symptoms. Right carpal tunnel release and right radial tunnel release was requested. Electro diagnostic studies dated February 2015 were negative. As such, the surgical requests were non-certified by utilization review citing CA MTUS and ODG guidelines. The decision is appealed to an independent medical review.

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).

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

Decision rationale: The documentation submitted indicates that the injured worker had undergone 2 electro diagnostic studies, in 2013 and 2015. The first study showed evidence of mild carpal tunnel syndrome and the second study was negative. California MTUS guidelines indicate that the diagnosis of carpal tunnel syndrome must be confirmed with electrophysiologic studies prior to consideration for surgery. As such, the request for a right carpal tunnel release is not supported by guidelines and the medical necessity of the request has not been substantiated. This is not medically necessary.

Right radial tunnel release: 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), Elbow.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 38.

Decision rationale: With respect to the request for a right radial tunnel release, California MTUS guidelines require establishing a firm diagnosis based on clear clinical evidence and positive electrical studies that correlate with the clinical findings. The electrophysiologic studies of 2013 and 2015 have not documented presence of radial nerve entrapment. As such, the request for a radial tunnel release is not supported and the medical necessity of the request has not been substantiated. This is not medically necessary.