

Case Number:	CM15-0085321		
Date Assigned:	05/07/2015	Date of Injury:	02/08/2008
Decision Date:	07/10/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/04/2015

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 34-year-old female, with a reported date of injury of 02/08/1999. The diagnoses include bilateral hand joint pain, bilateral arm joint pain, bilateral lateral epicondylitis, and tenosynovitis of the hand/wrist. Treatments to date have included functional capacity evaluation, and electrodiagnostic studies from 2014 which showed mild right carpal tunnel syndrome. The progress report dated 03/23/2015 indicates that the subjective findings include follow-up bilateral upper extremity has had the functional capacity evaluation completed. The objective findings include positive Tinel's, positive Phalen's, decreased sensation, and positive Finkelstein of the right upper extremities. The objective findings also include positive Tinel's, positive Phalen's, positive Finkelstein, and decreased sensation of index finger of the left upper extremities. The treating physician requested right carpal tunnel release, medical clearance, pre- operative labs, post-operative physical therapy, and post-operative medications. The request was non-certified by utilization review for absence of documentation indicating conservative treatment. CA MTUS and ODG guidelines were cited.

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): 270-271. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

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

Decision rationale: The electrodiagnostic studies dated May 14 2014 are noted. On examination there was no gross atrophy in the hand muscles, muscle strength was normal, deep tendon reflexes were 2+ at the biceps and 1+ at the triceps. Phalen's test and Tinel's sign were negative on both sides. Sensation was intact to light touch and pinprick. The nerve conduction studies were performed. The distal motor latency of the right median nerve was 3.4 with the normal being up to 4.6 ms. The distal latency of the right sensory median nerve was 3.1 ms with the normal being up to 3.5 ms. Needle electromyography did not reveal any evidence of denervation in the median supplied muscles. There were no fibrillations, positive sharp waves, or abnormal motor unit potentials. A difference between the sensory distal latency of the median and radial nerves and a conduction velocity of 63.0 m/s with the normal being greater than 46.0 m/s was utilized to arrive at the diagnosis of mild carpal tunnel syndrome. The conduction velocity of the right motor ulnar nerve was 57.7 m/s and so the median nerve was actually faster than the ulnar nerve. The above values are within normal limits and do not constitute electrodiagnostic evidence of carpal tunnel syndrome. A recent nerve conduction study has not been submitted. California MTUS guidelines indicate surgical decompression of the median nerve usually relieves carpal tunnel syndrome symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of carpal tunnel syndrome. Patients with mild symptoms display the poorest post-surgery results. Referral for surgery may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management including work site modifications, and have clear clinical and special study evidence of a lesion that had been shown to benefit in both the short and long- term from surgical intervention. In this case there is no clear electrodiagnostic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical intervention. Furthermore, a carpal tunnel injection for diagnostic and therapeutic purposes has not been documented. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaints. As such, the request for surgery is not supported and the medical necessity of the request has not been substantiated.

Associated surgical services: Outpatient; Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

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

Associated surgical services: EKG, CBC, UA, PT/PTT, ESR, PREG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines, Treat Index, 11th Edition (web) 2014, Low Back-Lumbar & Thoracic/preoperative testing, general Preoperative Lab Testing.

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

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

Post-Op Physical therapy 3 x wk x 4 wks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

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

Tylenol #3, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

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