

Case Number:	CM15-0089864		
Date Assigned:	05/14/2015	Date of Injury:	10/24/2007
Decision Date:	06/15/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/11/2015

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, Indiana, Oregon
 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 71 year old male who sustained a work related injury October 24, 2007. Past history included diabetes on Glucophage. According to a treating physician's progress report dated April 14, 2015, the injured worker presented complaining of numbness in the right hand. Recent electrodiagnostic studies were positive for residual carpal tunnel syndrome. The physician reports overlap with cervical radiculopathy and diabetic neuropathy. He also has low back pain, radiating to the right leg, and right shoulder pain. He has modified his work to minimize the pain; instead of lifting, he drags, and he can only sit for 20-25 minutes. Diagnoses are documented as pain in joint, right hand; carpal tunnel syndrome, right wrist; low back pain radiating to right leg; neck pain, chronic. At issue, is the request for authorization for a right carpal tunnel release and pre-operative electrocardiogram and labs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal Tunnel Release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines and American Society for Surgery of the hand, Update 3, Ch 21, Carpal Tunnel Syndrome.

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case the EMG from 4/17/15 shows mild remnant carpal tunnel (from previous operation) and diabetic neuropathy. Based on this the diagnosis of recurrent CTS is not established and the request is not medically necessary.

Pre-op EKG and Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines, Low Back.

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.