

Case Number:	CM14-0116300		
Date Assigned:	08/04/2014	Date of Injury:	11/16/2010
Decision Date:	09/29/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 66 year old male who reported an injury to his left wrist. The initial injury occurred on 11/16/10 when the injured worker had a fall and caught his wrist in a door jam. The utilization review dated 07/24/14 resulted in a denial as insufficient information had been submitted regarding the injured worker's completion of all conservative treatments prior to a carpal tunnel surgery. The clinical note dated 07/07/14 indicates the injured worker having a past medical history involving a carpal tunnel surgery that had been performed on the left. The injured worker continued with complaints of 8/10 pain. There is an indication the injured worker was utilizing medications which was relieving approximately 50% of the pain at that time. The note does indicate the injured worker having undergone physical therapy, acupuncture, and massage therapy. There is also an indication that the injured worker has pain complaints in the low back, neck, shoulder, and forearms. There was also an indication the injured worker is utilizing Celebrex as well as opioids in addressing the ongoing complaints of pain. The clinical note dated 06/04/14 indicates the injured worker having a positive Tinel's sign bilaterally. The clinical note dated 03/10/14 indicates the injured worker having undergone an ACDF at C4 through C7 in August of 2012. The electrodiagnostic studies dated 01/14/14 revealed evidence of a median neuropathy at the wrists which was mild to moderate on the left and mild on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Carpal Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Carpal Tunnel Syndrome.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Forearm, Wrist and Hand Complaints, Page 270.

Decision rationale: The documentation indicates the injured worker complaining of left wrist pain despite a previous carpal tunnel release. A carpal tunnel release is indicated for injured workers who have completed all conservative treatments with ongoing symptomology. The documentation does indicate the injured worker having undergone a course of physical therapy. However, given that the injured worker has complaints at several sites as well as numerous surgical interventions, it is unclear if the rendered physical therapy was focused on the left wrist/carpal tunnel. No therapy notes were submitted for review. Additionally, no information was submitted regarding the injured worker's completion of any splinting, activity modifications, or injections. Given the lack of information confirming the injured worker's completion of all conservative treatments at the left wrist, this request is not indicated as medically necessary.