

Case Number:	CM14-0125518		
Date Assigned:	09/24/2014	Date of Injury:	05/10/2005
Decision Date:	10/24/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/07/2014

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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland, Virginia, North Carolina. 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 patient is a 53 year old male with a reported date of injury on 5/10/05 with a diagnosis of recurrent right carpal tunnel syndrome who had previously undergone right carpal tunnel release. Electrodiagnostic studies after the initial right carpal tunnel release from 12/3/09 documented a normal electrodiagnostic study of both upper extremities. Documentation from an initial visit dated 5/21/14 notes a chief complaint of right wrist pain. He injured his right wrist on 4/19/14 while firing a gun at work on the range. He previously underwent right carpal tunnel release and right cubital tunnel release. He has tried medications without relief of his pain. Examination of the right wrist reveals focal tenderness at the carpal tunnel and distal FCU tendon. Sensation is intact to light touch in the median nerve distribution. Xrays are reported as normal. Impression is that he has some recurrent carpal tunnel symptoms of the right wrist. Cortisone injection was administered to the right wrist carpal tunnel. Documentation from 6/18/14 notes that the patient has a diagnosis of right recurrent carpal tunnel syndrome. He states his thumb, index and middle finger cramp up when he is writing or gripping items. He complains of numbness and tingling in the hand. He received a cortisone injection on May 21st with temporary relief. Examination notes decreased sensation to light touch in the median nerve distribution with positive Phalen's and Durkan's test and no thenar atrophy. Documentation from 7/14/14 notes that the patient has a diagnosis of right wrist compression neuropathy and request for electrodiagnostic studies of the right upper extremity. His symptoms are still quite severe. Examination notes 'still decreased sensation to light touch in the median nerve distribution with positive Phalen's and Durkan's test. No thenar atrophy. Utilization review dated 7/7/14 did not certify the procedure for revision open carpal tunnel release with flexor tenosynovectomy. Reasoning given was that the patient had previously undergone right carpal tunnel release in 2005. Electrodiagnostic studies from 12/3/09

of both upper extremities were normal. Although he has a clinical picture suggestive of right carpal tunnel syndrome, he does not have confirmatory electrodiagnostic studies supporting this.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision Open Carpal Tunnel Release with Flexor Tenosynovectomy under General Anesthesia: Upheld

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

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

Decision rationale: Without confirmatory findings from electrodiagnostic studies to support right carpal tunnel syndrome, right carpal tunnel release and flexor tenosynovectomy should not be considered medically necessary. Therefore, the request for revision open carpal tunnel release with flexor tenosynovectomy under general anesthesia is not medically necessary and appropriate.

Pre Operative Medical Clearance Including EKG, CBC, Electrolyte, UA, PT, PTT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the procedure was not considered medically necessary, preoperative medical clearance should not be considered medically necessary.

Post Operative Occupational Therapy 2X6 (12 Sessions): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the procedure was not considered medically necessary, postoperative physical therapy should not be considered medically necessary.

Right Wrist Custom Splint Post Surgery: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the procedure was not considered medically necessary, postoperative splint should not be considered medically necessary.