

Case Number:	CM14-0137849		
Date Assigned:	09/05/2014	Date of Injury:	12/03/2012
Decision Date:	10/09/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/26/2014

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 Hand 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 55-year-old female who reported an injury on 12/03/2012. The mechanism of injury was a fall. The diagnoses were not submitted for clinical review. Previous treatments included medications, cortisone injections, and a TENS unit. In the clinical note dated 06/07/2014, it was reported the injured worker complained of left wrist/hand pain. She described the pain as aching, throbbing, and burning with numbness. She reported pain radiated from the left hand to the wrist, up to the forearm just below the elbow, and down into the fingers. The injured worker reported experiencing popping in the left wrist and hand. Physical examination was not submitted for clinical review. In addition, in the clinical note dated 12/07/2012, the injured worker complained of pain to the ribs and left upper extremity and left hip. Upon the physical exam, the provider noted tenderness to palpation of the left wrist and left hip. The provider requested left carpal tunnel release. However, a rationale is not provided for clinical review. The Request for Authorization was not submitted for clinical review.

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: 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): 270-271.

Decision rationale: The request for Left Carpal Tunnel Release is not medically necessary. The California MTUS/ACOEM Guidelines recommend surgical decompression of the median nerve usually relieves carpal tunnel symptoms. High quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of carpal tunnel syndrome. Patients with the mildest symptoms display the poorest postsurgical results. Patients with moderate or severe carpal tunnel syndrome have better outcomes from surgery than splinting. Carpal tunnel syndrome must be proved by positive findings on the examination and diagnosis should be supported by nerve conduction test before surgery is undertaken. Mild carpal tunnel syndrome with normal electrodiagnostic studies exists, but moderate or severe carpal tunnel syndrome but moderate electrodiagnostic studies are very rare. Positive electrodiagnostic studies in asymptomatic individuals are not carpal tunnel syndrome. Studies have not shown portable nerve conduction devices to be an effective diagnostic tool. Surgery will not relieve any symptoms from cervical radiculopathy. Likewise, diabetic patients with peripheral neuropathy cannot expect full recovery and total abatement of symptoms after nerve decompression. The provider failed to document positive neurological findings on the physical examination to corroborate the diagnosis of carpal tunnel syndrome. In addition, there is lack of documentation indicating the injured worker underwent a nerve conduction study to corroborate the findings of carpal tunnel syndrome. Therefore, the request is not medically necessary.

Surgical Assistant for Left Wrist CTR: 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 requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Post Operative Physical Therapy Three Times A Week For Four Weeks: 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 requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Bilateral Wrist Braces: 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 requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.