

Case Number:	CM14-0141076		
Date Assigned:	09/18/2014	Date of Injury:	04/23/2012
Decision Date:	11/13/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	09/02/2014

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 California. 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 59-year-old female with an industrial injury dated April 23, 2012. On exam note dated July 22, 2014, the patient returns with left hand pain. The patient is status post conservative treatments such as medication, physical therapy, and corticosteroid injections. Upon physical exam there was evidence of tenderness and swelling on the 1st carpal metacarpal joint with a good range of motion of the left wrist. There was also a slight decrease in sensation in the left thumb tip. The patient completed a positive Tinel's sign test over the median nerve of the left wrist. X-rays of the left hand demonstrate that the patient has a loss of joint space at the 1st carpal metacarpal joint with osteophyte formation. Electrodiagnostic testing From June 19, 2013 demonstrates mild to moderate carpal tunnel syndrome of the left hand. Treatment includes an excisional arthroplasty of the 1st carpal metacarpal joint with ligamentous reconstruction and tendon interposition as well as let carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Root Surgery: 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: The request is not medically necessary due to the lack of an explanation from the treating physician and lack of a standard definition for "post root surgery". No guideline can be selected because the request is so general and ambiguous that there is not enough information to select a guideline. Therefore, request is not medically necessary.