

Case Number:	CM14-0141682		
Date Assigned:	09/10/2014	Date of Injury:	10/20/2010
Decision Date:	10/27/2014	UR Denial Date:	08/11/2014
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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland, Virginia and 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 37 year old female with a reported date of injury on 10/20/10 who requested left carpal tunnel release. Documentation provided from an illegible date is not legible. It appears it may be from August 2014. Documentation from 5/21/14 notes right carpal tunnel release and left carpal tunnel syndrome. Plan is for suture removal and splint. Documentation from 3/20/14 relative to the upper extremities notes that the patient complains of bilateral upper arm, elbow, forearm, wrist and hand pain, as well as numbness and tingling in arms and hands. Medications include Voltaren and Norco. Examination of the hands and wrists notes full range of motion, no gross weakness and 'no complaints of numbness of the fingers noted.' No numbness is noted in the rest of the upper extremity exam as well. The patient is noted to have reached maximum medical improvement. Progress report dated 3/20/14 notes recheck L/S, C/O (Complaint); constant pain, and numbness with bilateral leg pain. Patient was on Voltaren and Norco. JAMMAR; RT 12.12.12 LT18.18.16. Diagnoses include carpal tunnel syndrome. Utilization review dated 8/11/14 did not certify the procedure of left carpal tunnel release, post-operative splint and physical therapy (2 times/week for 6 weeks). Reasoning given was that 'As there are no examination or diagnostic findings indicating a carpal tunnel syndrome(CTS), there is not sufficient documentation or rationale for outpatient left carpal tunnel release.'

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.

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

Decision rationale: The patient is a 37 year old female with a stated diagnosis of left carpal tunnel syndrome. However, there is insufficient medical documentation to support this diagnosis. The documentation from 3/20/14 notes that the patient states that she has numbness and tingling of the hands and arms. The examination detail does not support that she has carpal tunnel syndrome. The rest of the documentation is either not legible or does not provide detail related to signs and symptoms of left carpal tunnel syndrome. From ACOEM, Chapter 11, page 270, surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest postsurgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare. The patient is not been adequately documented with positive findings on clinical examination and there are no supporting electrodiagnostic studies. Thus, the request of left carpal tunnel release is not medically necessary and appropriate.

Purchase of post operative splint: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-operative occupational therapy #12 (2 times a week for 6 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.