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| Case Number: | CM14-0142964 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 01/09/2012 |
| Decision Date: | 10/10/2014 | UR Denial Date: | 08/04/2014 |
| Priority: | Standard | Application Received: | 09/03/2014 |

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 claimant is a 42-year-old female with an injury date of 01/09/12 for a diagnosis of lateral epicondylitis and carpal tunnel syndrome due to repetitive work activities. The report of clinical assessment on 07/16/14 noted subjective improvement with a recent corticosteroid injection to the carpal tunnel. Physical examination findings showed mildly diminished grip strength of the right upper extremity; there was no documentation of other physical findings noted. Looking back at prior assessment reports documented treatment for the right lateral epicondylar diagnosis. There was no report or documentation of formal electrodiagnostic studies or physical examination findings for the carpal tunnel. This request is for a carpal tunnel release procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Surgery: Right carpal tunnel release with right muscle slide procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004); Forearm, Wrist and Hand: Chapter: 11 Page 265, 270.

Decision rationale: Based on California MTUS ACOEM Guidelines, the request for carpal tunnel release procedure including a right muscle slide would not be supported. The ACOEM Guidelines recommend that carpal tunnel syndrome must be proven by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. There is no documentation of the results of electrodiagnostic studies to confirm the diagnosis and there is no documentation of objective findings on examination indicative of carpal tunnel syndrome. Therefore, the proposed surgery cannot be recommended as medically necessary.

Postoperative occupational therapy 3 times per week for 4 weeks for the right wrist:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for carpal tunnel release procedure including a right muscle slide is not recommended as medically necessary. Therefore, the request for 12 sessions of postoperative physical therapy is also not recommended as medically necessary.