

Case Number:	CM14-0146294		
Date Assigned:	09/12/2014	Date of Injury:	10/04/2009
Decision Date:	10/15/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/09/2014

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:

This is a 59 year old female with an industrial injury dated 10/04/09. A MRI dated 09/23/13 provides evidence of degenerative, anterolisthesis, compression of the exiting L4 nerve root, mild central canal narrowing at L4-5 of the lumbar spine, and of the cervical spine there were also degenerative changes, central and neural foraminal narrowing, along with flattening of the cervical cord and abutment of exiting the left nerve root at C5-C6. An exam note dated 08/21/14 states the patient returns with severe neck pain and stiffness in which is radiating to the upper extremities. The patient also reports left hand weakness and numbness, and low back pain that is radiating to the buttock. The patient demonstrated a reduced range of motion, cervical and lumbar muscular tenderness and pain associated with the lumbar facet joints. The patient also had positive findings of cervical nerve root compression, and evidence of left wrist carpal tunnel syndrome. Conservative treatments have included physical therapy, and a carpal tunnel injection. Treatment includes a left carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left-sided carpal tunnel release with [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (Acute & Chronic)

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case, there is lack of evidence in the records from 8/21/14 of electrodiagnostic evidence of carpal tunnel syndrome or subjective complaints referred to the carpal tunnel. In addition, there is lack of evidence of failed bracing or injections in the records. Therefore, the determination is that the request is not medically necessary.

1 pre-op medical clearance with [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93

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.

12 post-op rehabilitation therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (Acute & Chronic), Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg. 56

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.

1 coolcare cold therapy unit: 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.

1 prescription of Prilosec 20mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Katz PO, Gerson LB, Vela MF. Guidelines for the diagnosis and management of gastroesophageal reflux disease, Am J Gastroenterol. 2013 Mar;108(3):308-328, Lanza FL, Chan FKL, Quigly EMM, Practice Parameters Committee of the American College of Gastroenterology. Guidelines for prevention of NSAID-related ulcer complications. Am J Gastroenterol. 2009 Mar;104(3)728-738.[113 references] PubMed

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. The cited records from 8/21/14 do not demonstrate that the patient is at risk for gastrointestinal events. Therefore, determination is that the request is not medically necessary.