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| Case Number: | CM14-0214507 | | |
| Date Assigned: | 01/07/2015 | Date of Injury: | 01/06/2014 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 11/18/2014 |
| Priority: | Standard | Application Received: | 12/22/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 58-year-old female with a date of injury of 1/6/2014. Per primary treating physicians progress report dated October 30, 2014 she was experiencing pain in bilateral shoulders, elbows, wrists, and hands. She continued to have significant numbness, tingling and pain to bilateral hands which affected all fingers. Inspection of the wrists did not reveal any swelling or deformity. Tinels sign was positive bilaterally. Phalens sign was positive bilaterally. On examination there was decreased sensation in the entire hand bilaterally. Motor testing revealed 5/5 muscle strength in the upper extremities in all muscle groups. Deep tendon reflexes including the biceps, triceps, and brachioradialis were 2+ bilaterally. The diagnosis was strain/sprain, bilateral shoulders, cubital tunnel syndrome, bilateral elbows, and carpal tunnel syndrome bilateral wrists. Authorization was requested for left carpal tunnel surgery including a CPM device, cold unit, postoperative physical therapy, and medication. Review of a QME report dated September 18, 2014 indicates that she did undergo EMG/nerve conduction studies of bilateral upper extremities on May 27, 2014 which revealed moderate to severe bilateral carpal tunnel syndrome. However, the actual study is not included with the medical records. A request for a left carpal tunnel release was noncertified by utilization review on 11/18/2014. Additional requests for a continuous passive motion machine for 21 days, cold therapy unit for 21 days, and physical therapy 3-4 postoperatively were also noncertified. California MTUS and ODG guidelines were used. This has now been appealed to an independent medical 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: 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): 260, 261, 262, 263, 265, 270..

Decision rationale: The California MTUS guidelines indicate that symptoms of pain, numbness, and tingling in the hands are common in the general population, but based on studies only one in 5 symptomatic subjects would be expected to have carpal tunnel syndrome based on clinical examination and electrophysiologic testing. The clinical testing may include a Katz hand diagram, testing for Tinel's sign, performing the Semmes Weinstein test, Durkan's test, Phalen's sign, checking for the Square wrist sign, electrodiagnostic studies including nerve conduction studies and in more difficult cases electromyography. Injection of the carpal tunnel with corticosteroids should be performed not only to facilitate the diagnosis but also from the point of view of treatment. If symptoms persist after 2 injections and there is symptomatic relief documented with each injection, a surgical referral would be appropriate. Surgical considerations require failure to respond to conservative management and a confirmed diagnosis using the above criteria. The nerve conduction study has not been provided. There is no abnormal Katz hand diagram scores, no nocturnal symptoms, Flick sign, no activity modification for 1 month or more, no corticosteroid injection into the carpal tunnel, etc. Therefore the guidelines criteria for a carpal tunnel release have not been met and as such, the medical necessity of the request for a left carpal tunnel release is not substantiated.

Associated surgical service: CPM device x 21 day rental or purchase: 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): 260, 261, 262, 263, 265, 270.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Cold therapy unit x 21 day rental or purchase: 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): 260, 261, 262, 263, 265, 270.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Post-op physical therapy 3 x 4: 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): 260, 261, 262, 263, 265, 270..

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.