

Case Number:	CM14-0214792		
Date Assigned:	01/07/2015	Date of Injury:	06/04/2014
Decision Date:	02/23/2015	UR Denial Date:	12/09/2014
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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 sustained a work related injury on June 4, 2014, from repetitive motions and keyboarding motions, with the neck, cervical spine, left shoulder, arm, wrist, hand and fingers noted to be the accepted body parts. An Occupational Medicine Consultation dated November 26, 2014, noted the injured worker with discomfort in the left wrist and numbness and tingling in the radial-three digits. Examination was noted to show some decreased sensation in the radial-three digits, and a positive Tindel's. The Physician noted a previous MRI which suggested a cervical disc, and an EMG nerve conduction study which was negative. Copies of these reports were not included in the medical documentation provided. The injured worker was noted to have improvement of symptoms with left neck and carpal tunnel injections. The Physician noted the injured worker with probable left cervical radiculopathy and left carpal tunnel syndrome, with a probable element of a double crush. The Physician requested authorization for a left carpal tunnel release surgery and six postoperative physical therapy visits. On December 9, 2014, Utilization Review evaluated the requests for a left carpal tunnel release surgery and six postoperative physical therapy visits, citing the MTUS American College of Occupational and Environmental Medicine (ACOEM), the MTUS Postsurgical Treatment Guidelines, and the Official Disability Guidelines (ODG). The UR Physician noted that prior medical records were not available indicating what past conservative treatments were given, and that there was no evidence of thenar atrophy or a positive Phalan test. The UR Physician noted that although the injured worker presented with a possible left carpal tunnel condition, the findings did not show it to be definite, and that the guidelines stated that before this surgery is performed there should be

a positive nerve conduction test. The requested left carpal tunnel release surgery was therefore denied, and because of the denial of the surgical procedure, the six postoperative physical therapy visits were not needed and thus also denied. The decisions were subsequently appealed to 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 Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome

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

Decision rationale: The patient is a 59 year old female with signs and symptoms of a possible left carpal tunnel syndrome that appeared to have improved with a carpal tunnel injection. The patient is stated to have a possible cervical radiculopathy contributing to a possible double crush phenomenon. Electrodiagnostic studies were reported to be negative. Thus, without confirmatory electrodiagnostic studies, the procedure should not be considered medically necessary as outlined from ACOEM page 270: 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. Positive EDS in asymptomatic individuals is not CTS. Studies have not shown portable nerve conduction devices to be effective diagnostic tools. In addition, 'Surgery will not relieve any symptoms from cervical radiculopathy (double crush syndrome).' Thus based on these findings the patient has not satisfied ACOEM guidelines which are consistent with the UR review. Left carpal tunnel release should not be considered medically necessary.

Post-operative Physical Therapy, quantity 6: 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 Page(s): 15 and 16.

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