

Case Number:	CM15-0002705		
Date Assigned:	01/13/2015	Date of Injury:	05/10/2001
Decision Date:	07/27/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/06/2015

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 is a 45 year old male, who sustained an industrial injury on 5/10/2001. He reported right hand pain. Diagnoses have included right carpal tunnel syndrome, right shoulder pain, right elbow cubital tunnel syndrome and right C7 radiculopathy. Treatment to date has included surgery, physical therapy, right wrist splint and right wrist injections. According to the progress report dated 11/26/2014, the injured worker complained of right wrist pain along with numbness and tingling. Right wrist pain was rated 7-8/10. Exam of the right shoulder revealed mild impingement. Exam of the right elbow revealed positive Tinel's at the elbow and positive Phalen's and positive Tinel's at the right wrist. Authorization was requested for right wrist carpal tunnel release, Guyon's Canal release, intermediate joint injection, application of short arm splint and an assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Wrist Carpal Tunnel Release, Guyon's Canal Release: 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 (updated 11/11/14).

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

Decision rationale: The patient is a 45 year old male with some signs and symptoms of right carpal tunnel syndrome, including positive Tinel's and Phalen's signs. He has failed treatment of NSAIDs, splinting, and steroid injection. However, his diagnosis is not supported by electrodiagnostic studies and has a complicating factor of possible radiculopathy of the right C7-8. In addition, his examination notes a sensory exam in light touch, pin prick and 2 point discrimination, which does not support a severe condition. From page 270, ACOEM, Chapter 11, "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." Therefore, right carpal tunnel release should not be considered medically necessary as it does not satisfy ACOEM guidelines. In addition, ulnar nerve compromise at the wrist (Guyon's canal) is not supported by examination findings specific for the ulnar nerve. Ulnar nerve compromise at the wrist is not listed in the impression from the 11/16/14 evaluation. In addition, EDS do not support an ulnar nerve compression. Therefore, without an adequately defined condition of ulnar nerve compromise supported by EDS, Guyon's canal release is not medically necessary.

Intermediate Joint Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand (updated 11/13/14) Injection.

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

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

Associated Surgical Service: Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 11/21/14) Surgical assistant.

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

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

Associated Surgical Service: Application of Short Arm Splint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Splinting.

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

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