

Case Number:	CM15-0013849		
Date Assigned:	02/02/2015	Date of Injury:	05/09/2014
Decision Date:	03/30/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/23/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 51-year-old female who reported injury on 05/09/2014. The mechanism of injury was the injured worker was picking up boxes and twisted her hand. The diagnoses included carpal tunnel syndrome, lateral epicondylitis, radial styloid tenosynovitis and shoulder/arm strain. The injured worker underwent a right carpal tunnel release on 11/25/2014. The most recent documentation submitted for review was dated 07/15/2014. The most recent physical examination was dated 07/09/2014. The injured worker indicated she had not attended physical therapy in approximately 5 weeks. The injured worker declined NSAIDs or pain medications. The documentation indicated the injured worker had right wrist/thumb strain, right elbow lateral epicondylitis and right shoulder strain. There was no documentation related to the left arm. There was no Request for Authorization or rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal tunnel release, left: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Surgical Considerations, Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that a surgical consultation may be appropriate for injured workers who have failed to respond to conservative management, including worksite modifications and who have clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. Carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction studies. The clinical documentation submitted for review failed to provide documentation of findings related to the left wrist and hand. There was a lack of documentation indicating the injured worker had clear clinical and special study evidence of carpal tunnel syndrome, as there was no documentation related to electrodiagnostics. Given the above, the request for carpal tunnel release is not medically necessary.

Post-op physical therapy 2 x 6 (12 sessions) left wrist: 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.

pre-op clearance: 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.

Associated surgical service: wrist support (left wrist): 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.