

Case Number:	CM15-0014110		
Date Assigned:	02/02/2015	Date of Injury:	09/02/2013
Decision Date:	03/30/2015	UR Denial Date:	01/01/2015
Priority:	Standard	Application Received:	01/26/2015

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 55-year-old female who reported an injury on 09/02/2013 due to an unspecified mechanism of injury. Electrodiagnostic studies dated 09/15/2014 showed a normal EMG of the right upper extremity and a normal NCV of the upper extremity. On 01/21/2015, she presented for a followup evaluation regarding her work related injury. She reported pain in the right wrist that was moderate and rated it 7/10. Physical examination showed tenderness with flexion and extension and a positive Tinel's at the right wrist. Motor strength was 5/5 in the bilateral upper extremities and she had decreased sensation to the 2nd and 6th fingers. It should be noted that the document provided was handwritten and illegible. Her diagnoses were illegible. The treatment plan was for 1 right carpal tunnel release with possible flexor tenosynovectomy and/or median neurolysis with associated surgical services and 1 prescription for Norco 10/325 mg #60. The rationale for treatment was to alleviate the injured worker's symptoms and improve her function.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right carpal tunnel release with possible flexor tenosynovectomy and/or median neurolysis: Upheld

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

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

Decision rationale: The California ACOEM Guidelines indicate that a carpal tunnel release should be indicated for those who have severe symptoms with positive findings on clinical examination and supported by nerve conduction studies. Based on the clinical documentation submitted for review, the injured worker was noted to have a positive Tinel's over the right wrist. However, there is a lack of documentation showing that the injured worker had positive carpal tunnel syndrome on nerve conduction studies to support the requested intervention. Also, there is a lack of evidence showing that she had failed to respond to conservative treatment. Without this information, the request would not be supported. As such, the request is not medically necessary.

1 Pre-operative medical clearance evaluation: 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.

8 Initial post-operative therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

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 Purchase of continuous 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 Noro 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. The documentation provided for review does not show that the injured worker had a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, the frequency of the medication was not stated within the request and no official urine drug screens or CURES reports were provided for review to validate her compliance. Therefore, the request is not supported. As such, the request is not medically necessary.