

<b>Case Number:</b>	CM15-0015012		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	06/23/2010
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 year old female injured worker suffered an industrial injury on 6/23/2010 the diagnoses were right carpal tunnel syndrome. The treatments were left carpal tunnel release 7/22/2014 and medications. The treating provider reported moderate to severe right wrist pain 7 to 8/10 with numbness, weakness and tingling. The Utilization Review Determination on 1/16/2015 non-certified transportation to and from right carpal tunnel release surgery on 1/13/201, citing ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation to and from right carpal tunnel release surgery on 1/13/2015:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Determination Manual

**Decision rationale:** There is no mention of transportation to and from outpatient elective surgery as a recommended aspect of treatment in MTUS, ACOEM or ODG. The Medicare Determination Manual specifically notes that transportation for elective treatment is not a

standard of care, is not a Medicare benefit and is not medically necessary even if the treatment is necessary. Transportation for elective carpal tunnel surgery is not medically necessary and is the responsibility of the patient.