

Case Number:	CM15-0110321		
Date Assigned:	06/16/2015	Date of Injury:	09/24/2010
Decision Date:	07/16/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/08/2015

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

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 41 year old male, who sustained an industrial injury on 09/24/2010. Initial complaints and diagnosis were not clearly documented. On provider visit dated 04/09/2015 the injured worker has reported right upper extremity symptoms increased with paresthetic sensation, numbness and pain along the course of the median nerve. The diagnoses have included right carpal tunnel syndrome. Electromyogram and nerve conduction study on 02/24/2014 revealed evidence of right median neuropathy localized across the wrist consisting with right mild carpal tunnel syndrome. The provider requested right carpal tunnel release, post-op occupational therapy 3x4 and post-op splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and stratifies success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case, there is lack of evidence in the records from 4/9/15 of failed bracing or injections in the records. Therefore, this request is not medically necessary.

Post-op occupational therapy 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16 and 22.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

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

Post-op splint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg section, Durable medical equipment.

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