

Case Number:	CM15-0111430		
Date Assigned:	06/22/2015	Date of Injury:	04/17/2013
Decision Date:	07/24/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/09/2015

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: Emergency 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:

This 60 year old male sustained an industrial injury to the neck and right upper extremity on 4/17/13 via repetitive trauma. Previous treatment included physical therapy, tens and medications. Electromyography/nerve conduction velocity test (7/17/14) showed right carpal tunnel syndrome and cubital tunnel syndrome. In a progress note dated 5/13/15, the injured worker complained of ongoing pain to the cervical spine, right shoulder, elbow and wrist associated with stiffness and weakness. Physical exam was remarkable for tenderness to palpation to the cervical spine with spasms as well as tenderness to palpation to the right shoulder joints, elbow and wrist. Current diagnoses included De Quervain's syndrome and carpal tunnel syndrome. The treatment plan included acupuncture twice a week for six weeks, magnetic resonance imaging cervical spine, prescriptions for Tramadol and Flexeril and requesting authorization for treatment for headaches, left upper extremity and sleep issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 treatment for the carpal tunnel syndrome: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 Page(s): 1.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: As per MTUS ACOEM Guidelines, in the absence of red flags, work-related complaints can be handled safely and effectively by occupational and primary care providers. The focus is on monitoring for complications, facilitating the healing process, and facilitating return to work in a modified or full-duty capacity. The provider has failed to document what is being requested. There are no details as to what treatment is being requested. Due to an incomplete request with no supporting data, "treatment for carpal tunnel" is not medically necessary.