MAXIMUS Federal Services

Case Number:	CM15-0118314		
Date Assigned:	06/26/2015	Date of Injury:	11/25/2013
Decision Date:	08/13/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/18/2015

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: Oregon
Certification(s)/Specialty: Plastic Surgery, Hand 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 39 year old female, who sustained an industrial injury on November 25, 2013, incurring left elbow and left wrist injuries. She was diagnosed with carpal tunnel syndrome, left trigger thumb and ulnar nerve lesion. She underwent a right carpal tunnel release, right flexor tendon lengthening and right ulnar nerve transposition. Treatment included splinting, activity modifications, home exercise program, steroid injections, physical therapy, and paraffin baths to both hands, Radiofrequency Ablation, to the left elbow and work modifications and restrictions. Electromyography studies of the left arm revealed slowing of the ulnar nerve motor conduction across the left elbow. Currently, the injured worker complained of intermittent left elbow and wrist pain and hand paresthesia in the little finger and ring finger. The treatment plan that was requested for authorization included left carpal tunnel release and eight post-operative physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265, 270, 273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel release surgery.

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

Decision rationale: According to the ACOEM guidelines, Chapter 11, page 270, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest postsurgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken." This patient's left upper extremity nerve conduction test is normal for the median nerve. She does not have electrodiagnostic evidence of carpal tunnel syndrome, and the ACOEM guidelines require support from nerve conduction before surgery. The carpal tunnel release is not medically necessary.

8 post-operative physical therapy sessions: 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.