

Case Number:	CM15-0121934		
Date Assigned:	07/09/2015	Date of Injury:	09/08/2014
Decision Date:	08/14/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/24/2015

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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic 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 32 year old female, who sustained an industrial injury on September 8, 2014, incurring bilateral upper extremity injuries. She was diagnosed with bilateral hand carpal tunnel syndrome with repetitive strain injury. Treatment included wrist bracing, cortisone injections, pain medications, anti-inflammatory drugs, compound cream for muscle spasms and therapy. Currently, the injured worker complained of bilateral elbow, hand and wrist pain. She complained of right wrist pain with tightness and swelling radiating down into the fingers. The treatment plan that was requested for authorization included bilateral carpal tunnel release and post-operative occupational therapy for three weeks to both wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Carpal Tunnel Release, right side and then left: 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): 270 261.

Decision rationale: The patient is a 32 year old female with signs and symptoms of possible bilateral carpal tunnel syndrome. Conservative management has included NSAIDs, bracing, activity modification and cortisone injections to both wrists. Previous electrodiagnostic studies are reported to be normal. From page 270, ACOEM, Chapter 11, 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 post surgery 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. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare. From page 261, 'If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. Therefore, based on ACOEM guidelines, bilateral carpal tunnel release should not be considered medically necessary.

Post Operative Occupational Therapy 2 times a week for 3 weeks bilateral wrist: 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.