

Case Number:	CM15-0123269		
Date Assigned:	07/07/2015	Date of Injury:	04/01/2013
Decision Date:	08/13/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/26/2015

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, Indiana, Oregon
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 (IW) is a 65 year old female who sustained an industrial injury on 04/01/2013. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having a cervical spine disc protrusion with radiculopathy, and paresthesia probable carpal tunnel syndrome. Treatment to date has included cervical epidural steroid injection x1, and an electromyogram. Currently, the injured worker complains of neck pain and right arm pain. On exam he is tender to palpation over the bilateral paraspinal, and range of motion is diminished in all planes. The right dermatome sensation is decreased at the bicep and triceps. The treatment plan includes surgery and associated peri - operative care. Requests for authorization were made for the following: 1. Right carpal tunnel release surgery. 2. Pre-op medical clearance. 3. Post-operative physical therapy three times four weeks. 4. Post-operative braces. 5. Post-operative cold therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to evaluate for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. According to the Official Disability Guidelines regarding surgery for carpal tunnel syndrome, recommended after an accurate diagnosis of moderate or severe CTS. Surgery is not generally initially indicated for mild CTS unless symptoms persist after conservative treatment. Severe CTS requires all of the following: Muscle atrophy, severe weakness of the thenar muscles, 2-point discrimination test greater than 6 mm and positive electro diagnostic testing. Not severe CTS requires all the following: Symptoms of pain, numbness, paresthesia, impaired dexterity requiring two of the following: Abnormal Katz hand diagram scores, nocturnal symptoms, Flick sign (shaking hand); findings by physical exam, requiring two of the following including compression test, Semmes- Weinstein monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, mild thenar weakness, (thumb adduction); comorbidities of no current pregnancy; initial conservative treatment requiring three of the following: Activity modification greater than or equal to one month, night wrist splint greater than or equal to one month, nonprescription analgesia (i.e. acetaminophen), home exercise training (provided by physician, healthcare provider or therapist) or successful initial outcome from corticosteroid injection trial (optional) and positive electro diagnostic testing. In this case there is insufficient evidence of carpal tunnel syndrome and failure of conservative management as stated above. There is insufficient evidence of abnormal hand diagram scores, nocturnal symptoms, decreased two-point discrimination or thenar weakness to warrant surgery. Therefore, the request is not medically necessary.

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel.

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

Post-operative physical therapy three times four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel.

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

Post-operative brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel.

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

Post-operative cold therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel.

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