

Case Number:	CM15-0128997		
Date Assigned:	07/15/2015	Date of Injury:	05/03/2013
Decision Date:	08/10/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/02/2015

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 is a 38 year old female with an industrial injury dated 05/13/2013. The mechanism of injury is documented as a result of repetitive grasping and repetitive fine motor activities. A specific diagnosis is not listed however under the topic of assessment and plans the provider documents the injured worker is suffering from classic carpal tunnel. Prior treatment included diagnostics, splints, anti-inflammatory medications and activity modification. She presents on 05/20/2015 for evaluation. The provider documented "the patient was neurovascularly intact to motor and sensory examination." She had a positive Phalen test, Tinel sign and Durkan's test "classic findings of carpal tunnel syndrome." Prior treatment included diagnostics, splints, anti-inflammatory medications and activity modification. The record dated 05/20/2015 is the only progress note available for review. The provider documents the injured worker was suffering from classic carpal tunnel. The provider recommended she undergo carpal tunnel release. Also documented by the provider was the injured worker was noted to have significant tenosynovial proliferation and nerve conduction test revealed classic carpal tunnel syndrome. Treatment plan is for right hand carpal tunnel release with possibly endoscopic, associated service: eight sessions of occupational therapy and associated service: lab work - CMC and BMP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hand carpal tunnel release with possibly endoscopic: 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 stratify 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 5/20/15 of electrodiagnostic evidence of carpal tunnel syndrome. In addition, there is lack of evidence of failed bracing or injections in the records. Based on this the request is not medically necessary.

Associated service: Lab work: CMC, and BMP: 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.

Associated service: Eight sessions of occupational therapy: 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.