

Case Number:	CM15-0129336		
Date Assigned:	07/16/2015	Date of Injury:	10/28/2010
Decision Date:	08/13/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/03/2015

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 32 year old female patient who sustained an industrial injury on 10/28/2010. A follow up visit dated 12/11/2014 reported the patient with subjective complaint of having bilateral hands, right greater, with numbness and tingling sensations along with cramps. Symptoms have primarily been located in the index and middle fingers bilaterally. Objective findings showed Tinel's' positive at the medial nerve bilaterally. The impression found the patient with bilateral carpal tunnel syndrome, and possible cervical radiculitis. The patient is to remain temporarily totally disabled and the plan of care is to proceed with surgical intervention of right endoscopic release ASAP. A follow up dated 02/23/2015 reported a pre-operative evaluation performed for schedule surgery on 03/06/2015. A follow up on 04/02/2015 reported subjective complaint of having decreased amount of numbness/tingling to the fingers. Objective findings showed mild swelling and tenderness to the right proximal palm/surgical site. Incision is benign. She had completed the post-operative course of physical therapy with noted improvement in symptom. Medications dispensed at that time were: Voltaren and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left endoscopic carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

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 4/2/15 of electrodiagnostic evidence of carpal tunnel syndrome. Therefore the request is not medically necessary.

Post op Occupational Therapy 3x a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

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

Pre op clearance H&P: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations page 127.

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

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

Pre op Chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Comp, 20th edition, 2015 updates: low back chapter, Preoperative testing, general.

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

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

Pre op EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Comp, 20th edition, 2015 updates: low back chapter, Preoperative testing, general.

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

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

Pre op CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Comp, 20th edition, 2015 updates: low back chapter, Preoperative testing, general.

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

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

Pre op PT/PTT, INR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Comp, 20th edition, 2015 updates: low back chapter, Preoperative testing, general.

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

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

Pre op UA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Comp, 20th edition, 2015 updates: low back chapter, Preoperative testing, general.

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

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