

Case Number:	CM15-0173041		
Date Assigned:	09/15/2015	Date of Injury:	04/02/2013
Decision Date:	10/23/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/02/2015

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: 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 47-year-old female, who sustained an industrial injury on 4-2-13. The injured worker was diagnosed as having carpal tunnel syndrome and mononeuritis multiplex. On 4-21-15 the physical examination revealed full left wrist range of motion, paresthesias to the dorsal aspect of the thumb and radial hand and a positive Tinel's and Phalen's sign, Medical records (5-6-15 through 6-26-15) indicated sharp, stabbing pain in the left hand-wrist. Treatment to date has included left carpal tunnel release 2-9-15, an EMG-NCV on 7-16-15 with abnormal results consistent with bilateral mild carpal tunnel syndrome. Medications included Ibuprofen and Lyrica. As of the PR2 dated 7-22-15, the injured worker reports intractable pain in her left hand. She rated her pain moderate and constant. There is no physical examination of the left wrist or hand. The treating physician requested a left revision open carpal tunnel release with median nerve neuroplasty and post-operative occupational therapy sessions for the left wrist-hand- 12 sessions. The Utilization Review dated 8-12-15, non-certified the request for a left revision open carpal tunnel release with median nerve neuroplasty and post-operative occupational therapy sessions for the left wrist-hand- 12 sessions. Documentation from 6/26/15 noted nocturnal symptoms that had awakened her at night. Conservative management has included bracing and medical management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left revision open carpal tunnel release with median nerve neuroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines- Carpal Tunnel Release.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

Decision rationale: The patient is a 47-year-old female with signs and symptoms of a possible recurrent or inadequately released mild left carpal tunnel syndrome. She has failed conservative management of splinting, medical management and activity modification. Electrodiagnostic studies are consistent with a mild condition. Given her documented mild condition and recommendations from ACOEM, a consideration for a steroid injection would be necessary to help facilitate the diagnosis, given her previous left carpal tunnel release in February of this year. From page 272, Table 11-7, injection of corticosteroids into to the carpal tunnel is recommended in mild to moderate cases of carpal tunnel syndrome after trial of splinting and medication. Therefore, without documentation of a steroid injection and justification for not performing one, left carpal tunnel release should not be considered medically necessary.

Post-operative Occupational therapy sessions for the left wrist/hand- 12 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.