

Case Number:	CM15-0174334		
Date Assigned:	09/16/2015	Date of Injury:	04/10/2013
Decision Date:	10/19/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/04/2015

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 39 year old female, who sustained an industrial injury on April 10, 2013. On July 15, 2015 the injured worker underwent a surgical evaluation. She complained of pain to the right hand and fingers with numbness and tingling in the right thumb, index finger and long finger. EMG of the right upper extremity on July 22, 2013 revealed mild carpal tunnel syndrome on the right. An MRI of the right wrist on July 24, 2013 revealed flattening of the median nerve in the carpal tunnel, increased signal in the median nerve and mild palmar bowling of the transverse carpal ligament. On physical examination the injured worker had a positive Tinel's test on the right and positive wrist flexion-compression test on the right. During a right elbow flexion test, she had slightly less than 60 seconds before her right arm fatigued and she was no longer able to continue with the elbow flexion test. She did not experience paresthesias in the ulnar innervated digits during the test bilaterally. Jamar (Position 2) elbow extended test was 35-35-25 on the right; two-point pinch was 3-3-2 on the right; three-point pinch was 4-3-3 on the right and key pinch was 5-4-3 on the right. Her right elbow range of motion of motion was extension-flexion of 0-150, range of motion of the right forearm supination-pronation was 75-75 and range of motion of the right wrist was extension-flexion 45-50 and radial - ulnar deviation of 15-15. The injured worker was diagnosed as having symptomatic right carpal tunnel syndrome and symptomatic right wrist extremity pain. Treatment to date has included immobilizing splints, modified activities, diagnostic studies and imaging. The evaluating physician noted that "all forms of conservative treatment have been exhausted." A request for authorization for right carpal tunnel release with post-operative physical therapy two sessions per week for five weeks,

post-operative Percocet 5-325 mg #40, post-operative Keflex 500 mg #20 was received on July 27, 2015. On August 6, 2015, the Utilization Review physician determined that right carpal tunnel release with post-operative physical therapy two sessions per week for five weeks, post-operative Percocet 5-325 mg #40, post-operative Keflex 500 mg #20 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release: Upheld

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

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

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. In this case there is lack of evidence in the records of failed injections. Therefore the request is not medically necessary.

Post-operative therapy 2 times a week for 5 weeks: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-operative Percocet 5/325mg #40: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-operative Keflex 500mg #20: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.