

Case Number:	CM15-0040195		
Date Assigned:	03/10/2015	Date of Injury:	01/04/2011
Decision Date:	05/18/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/03/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 64-year-old female who reported an injury on 01/04/2011. On 01/20/2015, she presented for an evaluation regarding her work related injury. She reported bilateral CMC pain and right greater than left carpal tunnel syndrome. Previous treatments had included injections and bracing. It was noted that she had been managing with these but that her hand had begun to be sorer. It was noted that she had a history of bilateral sensory on the left motor and on the right carpal tunnel syndrome. A physical examination showed pain at the CMC joint with tenderness and slight crepitus with negative provocative test for carpal tunnel on the right. CMC grind was positive for pain and crepitus and positive provocative test for carpal tunnel with compression were noted such as Phalen's and Tinel's. APB, interosseous, and EPL were intact. Unofficial x-rays were reviewed and reportedly showed progressive arthritis at the CMC joint and on the STT joint. It was recommended that the injured worker undergo surgery to address her symptoms. The plan was for right hand carpal tunnel release and a right wrist CMC ligament reconstruction with tendon interposition and possible partial excision of the trapezoid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Wrist CMC Ligament Reconstruction, Tendon Interposition, Possible Partial Excision Trapezoid: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The California MTUS ACOEM Guidelines indicate that a referral for hand surgery may be indicated for those have red flags of a serious nature, failed to respond to conservative management, and who have clear clinical and special study evidence of a lesion that has been shown to benefit from surgical repair. It is also indicated that carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction test before surgery is undertaken. The documentation provided does not show that the injured worker has undergone nerve conduction studies confirming diagnosis of carpal tunnel syndrome on the right to support the requested carpal tunnel release. In addition, no official imaging studies were provided for review of the right wrist to support the requested CMC ligament reconstruction, tendon interposition, and possible partial excision of the trapezoid. There is also no indication the injured worker has tried and failed active conservative therapies such as physical therapy. Without this information, the request would not be supported by the evidence-based guidelines. As such, the request is not medically necessary.

Right Hand Carpal Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The California MTUS/ACOEM Guidelines indicate that a referral for hand surgery may be indicated for those have red flags of a serious nature, failed to respond to conservative management, and who have clear clinical and special study evidence of a lesion that has been shown to benefit from surgical repair. It is also indicated that carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction test before surgery is undertaken. The documentation provided does not show that the injured worker has undergone nerve conduction studies confirming diagnosis of carpal tunnel syndrome on the right to support the requested carpal tunnel release. There is also no indication the injured worker has tried and failed active conservative therapies such as physical therapy. Without this information, the request would not be supported by the evidence-based guidelines. As such, the request is not medically necessary.

Pre-Operative 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 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.

Post-Operative Occupational Therapy (20-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.