

Case Number:	CM15-0061922		
Date Assigned:	04/07/2015	Date of Injury:	10/31/2014
Decision Date:	06/02/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/01/2015

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 45 year old female, who sustained an industrial injury on October 31, 2014. The mechanism of injury was not provided. She has reported pain in her hands, wrists, fingers, with pain radiating into her arms and shoulders. Her diagnoses include bilateral carpal tunnel syndrome. She has been treated with MRI, electrodiagnostic studies, and injections. The injured worker underwent electrodiagnostic studies on 05/23/2014 which revealed bilateral right greater than left median neuropathies at the wrist, demyelinating. The documentation indicated the injured worker had tried splints and injections to no benefit. On February 23, 2015, the injured worker complains of constant, pain, numbness, tingling, and weakness to both wrists and hands. She is not working currently. The physical exam revealed tenderness to palpation over the volar crease, positive Tinel's and Phalen's testing, and limited range of motion of the bilateral wrists. There was decreased motor strength in the medial nerve distributions of the upper extremities and decreased bilateral grip strength. The treatment plan includes bilateral carpal tunnel release surgery, left first followed by the right after an appropriate recovery period, lab work and chest x-ray, and 12 sessions of post- op physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral carpal tunnel release surgery, left first followed by the right after an appropriate recovery period: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that a referral for hand surgery consultation may be indicated for injured workers who have red flags of a serious nature; fail to respond to conservative management, including worksite modifications and who have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Carpal Tunnel Syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. The clinical documentation submitted for review indicated the injured worker had trialed splints and injections. The injured worker had objective findings upon physical examination and the diagnosis was supported by nerve conduction studies. Given the above, the request for bilateral carpal tunnel release surgery, left first followed by the right after an appropriate recovery period is medically necessary.

CXR times one: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, general.

Decision rationale: The Official Disability Guidelines indicate that chest radiography is reasonable for injured workers at risk of postoperative pulmonary complications if the results would change perioperative management. The clinical documentation submitted for review failed to provide documentation that the injured worker was at risk for postoperative pulmonary complications. Given the above, the request for chest x-ray times 1 is not medically necessary.

Lab work times one: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing.

Decision rationale: The Official Disability Guidelines indicate that preoperative lab testing should be guided by the injured worker's clinical history, comorbidities and physical examination finding. The request as submitted failed to indicate the specific laboratory studies being requested. There was a lack of documented rationale for the request. Given the above, the request for lab work times 1 is not medically necessary.

Post op physical therapy 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: The California MTUS Guidelines recommend postoperative physical therapy for up to 8 sessions. The initial therapy would be half the recommended number of sessions, which would total 4 initial sessions. 12 sessions would be excessive. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the body part to be treated. Given the above, the request for post-op physical therapy 12 sessions is not medically necessary.