MAXIMUS Federal Services

Case Number:	CM15-0098493		
Date Assigned:	05/29/2015	Date of Injury:	07/24/2014
Decision Date:	08/26/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/21/2015

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 27 year old female, who sustained an industrial injury on 7/24/14. Initial complaints were not reviewed. The injured worker was diagnosed as having carpal tunnel syndrome. Treatment to date has included physical therapy; bracing; medications. Diagnostic studies included EMG/NCV bilateral upper extremities (9/23/14), (no report). Currently, the PR-2 notes dated 4/16/15 indicated the injured worker complains of right wrist pain, four months status post right carpal tunnel release with flexor synovectomy on 12/5/14. Her chief complaint is with a history of right wrist pain with the quality of the pain noted as sharp and the level of pain noted 5/10 for the right hand and 8/10 for the left wrist. The provider indicates she has constant left wrist and occasional right hand pain over the incision site. He notes nothing helps the pain. He continues documentation noting there is no weakness, no numbness, no tingling, no swelling, no redness, no warmth, no ecchymosis, not catching/locking, no popping/clicking, no buckling, no grinding, no instability, no radiation down the arm, no drainage, no fever, no chills, no weight loss, no change in bowel/bladder habits. The provider notes she is doing well post-operative for the right wrist and has completed her sessions of physical therapy with great improvements. She has pain in the left wrist and described as constant and currently not working. She reports arthralgia/joint pain and vertigo. On physical examination of the left wrist, he notes no erythema or swelling, and palpation of the radial aspect of the left is nontender throughout the radial side and palpation of the ulnar aspect left-nontender throughout the left ulnar forearm. Range of motion of the left is with normal extension, flexion, pronation, supination, and grossly normal left hand range of motion. Strength of the left extension is s5/5/,

flexion 5/5/, EPL 5/5/, FPL 5/5 and inerossel 5/5. Stability of the left notes no gross instability of the left wrist. Special tests were only noted for the right and the provider documents Tinel's sign for the right is negative. Arterial pulses on the left are noted as brisk capillary refill and radial normal and no edema on the left or right. She has a normal radial nerve distribution, medial nerve and ulnar nerve distribution on the left. The injured worker had failed conservative treatment including physical therapy, medications, and bracing for the right carpal tunnel. The provider is requesting authorization of Left carpal tunnel release possible wrist tenosynovectomy, and Associated surgical services: Pre-op (labs, EKG, chest X-ray).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel release possible wrist tenosynovectomy: Upheld

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

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

Decision rationale: The patient is a 27 year old female who had previously undergone right carpal tunnel release and is noted to have recovered well. Previous electrodiagnostic studies are stated to be consistent with a mild carpal tunnel syndrome bilaterally. Based on the documentation provided, there is insufficient recent examination detail on the left side to support a clinical diagnosis of left carpal tunnel syndrome. Documentation from 4/16/15 notes left wrist pain. Specific documentation notes there is no numbness or tingling. Examination does not document evidence of typical signs including positive Tinel's or Phalen's. 'Sensation on the left: normal radial nerve distribution, median nerve distribution, and ulnar nerve distribution.' From ACOEM, Chapter 11, page 270, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest postsurgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS are very rare." As reasoned above, the patient is not adequately documented on recent evaluation to have typical CTS symptoms. Therefore, left carpal tunnel release should not be considered medically necessary.

Pre-op: Labs: 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.

Pre-op: EKG: 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.

Pre-op: Chest X-ray: 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.