

Case Number:	CM15-0099393		
Date Assigned:	06/01/2015	Date of Injury:	11/26/2014
Decision Date:	07/07/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/22/2015

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: Oregon
 Certification(s)/Specialty: Plastic Surgery, Hand 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:

This is a 56-year-old female with a November 26, 2014 date of injury. A progress note dated April 7, 2015 documents objective findings (full range of motion of the hands; decreased grip strength on the right; decreased sensibility to the right index and little fingers), and current diagnoses (right carpal tunnel syndrome). Subjective findings were not documented in the medical record submitted for review. Treatments to date have included ultrasound examination of the bilateral wrists. The treating physician documented a plan of care that included carpal tunnel release of the right wrist and postoperative occupational therapy.

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: 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 carpal tunnel release is not medically necessary. According to the ACOEM guidelines, 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 post-surgery 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." [REDACTED] notes indicate that the patient may have carpal tunnel syndrome. Previous peer reviews indicate that nerve conduction testing is normal. Ultrasound is intermediate and equivocal for the diagnosis. The ACOEM guidelines are not met. Therefore, the request is not medically necessary.

Post-operative occupational therapy, 2x6: 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): 16.

Decision rationale: MTUS allows for up to 8 visits following carpal tunnel release. The request exceeds the guidelines. In addition, the surgery is not medically necessary for coverage.