

Case Number:	CM14-0173519		
Date Assigned:	10/24/2014	Date of Injury:	09/22/2011
Decision Date:	11/25/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/21/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 requested DME VascuTherm 4 system/Garment is not medically necessary. CA MTUS is silent, ODG, Knee and Leg (Acute & Chronic), Venous Thrombosis, noted in regards to venous thrombosis prevention, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy." The injured worker has low back pain and right shoulder pain s/p surgery. The treating physician has documented lumbar flexion at 5 degrees, extension reduced due to pain, ambulates with a walker. The treating physician has not documented increased thrombosis or bleeding risk factors or that the injured worker will be non-ambulatory for an extended period of time. The criteria noted above not having been met, DME VascuTherm 4 system/Garment is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel release: 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) Indications for Surgery-carpal tunnel Release

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

Decision rationale: The request for left carpal tunnel release is not medically necessary. The California MTUS/ACOEM Guidelines state that surgical decompression of the median nerve usually relieves carpal tunnel syndrome symptoms. High quality scientific evidence shows success in the majority of patients with electrodiagnostically confirmed diagnosis of carpal tunnel syndrome. Patients with the mildest symptoms display the poorest post surgery results. Patients with moderate or severe carpal tunnel syndrome have better outcomes from surgery than splinting. Carpal tunnel syndrome must be proven by positive findings on clinical examination and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Surgery will not relieve any symptoms from cervical radiculopathy. Risks of surgical decompression include complications of anesthesia, wound infection, and damage to the median nerve. Early return to work after carpal tunnel surgery is more dependent on the willingness of the employer and the patient than on the surgical technique. The patient complained of pain, numbness and tingling to both wrists and hands. She reported the completion of a physical therapy course gave her temporary benefit. She was noted with full range of motion bilaterally, with no muscle atrophy or weakness documented. The documentation did not provide sufficient evidence of tried and failed conservative treatment to include activity modification, night wrist splint, medication, carpal tunnel injection, and home exercise program. The documentation did not include the EMG/NCS report to support the documented findings. In the absence of documentation with sufficient evidence of severe symptoms of carpal tunnel syndrome (like muscle atrophy, severe weakness of thenar muscles, or a 2 point discrimination test greater than 6 mm), and documented evidence of tried and failed conservative treatment (to include activity modification, night wrist splint, medication, carpal tunnel injection and home exercise program), the request is not supported. Therefore, the request is not medically necessary.

Right carpal tunnel release: 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) Indications for Surgery-carpal tunnel Release

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

Decision rationale: The request for left carpal tunnel release is not medically necessary. The California MTUS/ACOEM Guidelines state that surgical decompression of the median nerve usually relieves carpal tunnel syndrome symptoms. High quality scientific evidence shows success in the majority of patients with electrodiagnostically confirmed diagnosis of carpal tunnel syndrome. Patients with the mildest symptoms display the poorest post surgery results. Patients with moderate or severe carpal tunnel syndrome have better outcomes from surgery than splinting. Carpal tunnel syndrome must be proven by positive findings on clinical examination and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Surgery will not relieve any symptoms from cervical radiculopathy. Risks of surgical decompression include complications of anesthesia, wound infection, and damage to the median nerve. Early return to work after carpal tunnel surgery is more dependent on the willingness of the employer and the patient than on the surgical technique. The patient complained of pain,

numbness and tingling to both wrists and hands. She reported the completion of a physical therapy course gave her temporary benefit. She was noted with full range of motion bilaterally, with no muscle atrophy or weakness documented. The documentation did not provide sufficient evidence of tried and failed conservative treatment to include activity modification, night wrist splint, medication, and home exercise program. In the absence of documentation with sufficient evidence of severe symptoms of carpal tunnel syndrome (like muscle atrophy, severe weakness of thenar muscles, or a 2 point discrimination test greater than 6 mm), and documented evidence of tried and failed conservative treatment (to include activity modification, night wrist splint, medication, and home exercise program), the request is not supported. Therefore, the request is not medically necessary.