

Case Number:	CM13-0011627		
Date Assigned:	01/15/2014	Date of Injury:	06/15/2011
Decision Date:	03/20/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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:

This claimant is a 47-year-old injured in a work-related accident June 15, 2011. Specific to the left upper extremity, there is recent documentation that the claimant has been authorized for a surgical process in the form of a left carpal tunnel release. This was based on abnormal electrodiagnostic studies from May 14, 2012. The request for authorization from [REDACTED] indicates that the claimant has findings consistent with left carpal tunnel syndrome and de Quervain's tenosynovitis. He indicates that recent treatment has included a corticosteroid injection to the left carpal tunnel but does not indicate previous treatment in regard to the wrist. He states the claimant has also undergone acupuncture, exercises, use of a wrist brace, and oral medications. There is no documentation of a de Quervain's injection for review. He states the physician examination showed worsening symptoms with Finkelstein's, Phalen's, and Tinel's testing. He recommended the role of a left de Quervain's release in conjunction with a left carpal tunnel release that apparently has already been authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left De Quervain's release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 270.

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

Decision rationale: Based on California ACOEM guidelines, de Quervain's release would not be indicated. The claimant's clinical records fail to demonstrate evidence of previous conservative measures localized to the first dorsal extensor compartment in the form of previous injection. The lack of the above would fail to necessitate the role of de Quervain's release based on clinical information available for review.

Postoperative physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS postsurgical rehabilitative guidelines, 12 sessions of physical therapy would not be indicated. Guideline criteria would recommend the role of up to eight sessions of physical therapy in the postoperative setting. Given the initial one-half rule of physical therapy in the postoperative setting, no more than four initial sessions of therapy for a diagnosis of carpal tunnel syndrome would be indicated per MTUS guidelines.

Postoperative Coolcare cold therapy: 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);Carpal Tunnel Syndrome Chapter, Continuous Cold Therapy (CCT) Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Procedure, Continuous Cold Therapy.

Decision rationale: The California MTUS guidelines are silent. When looking at Official Disability Guideline criteria, the role of cryotherapy device would only be indicated for seven days in the postoperative use. The records in this case do not indicate a time frame for which the device should be utilized. This in and of itself would negate the need for the role of the device as no time frame parameters have been placed. The specific request would not be indicated.

Preoperative medical clearance: 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);Low Back- Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation on Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127

Decision rationale: Based on California ACOEM guidelines, the role of preoperative medical clearance in this case cannot be supported. The claimant demonstrates no significant risk factor, past medical history, or comorbid factor that would indicate the need for preoperative medical management prior to a carpal tunnel release procedure. The specific request in this case would not be indicated.