

Case Number:	CM13-0013325		
Date Assigned:	11/06/2013	Date of Injury:	06/18/2013
Decision Date:	01/21/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/17/2013

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 Pennsylvania. 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:

The patient is a 47-year-old gentleman who was injured in a work related accident on 06/18/13 sustaining injury to his upper extremity. Clinical records reviewed include electrodiagnostic studies performed on 07/26/13 interpreted as a focal neuropathy at the right median nerve in the wrist consistent with a moderate right carpal tunnel syndrome. Most recent assessment with [REDACTED], on 07/31/13 indicated continued complaints of right wrist pain, numbness and tingling. Objectively there was a positive Tinel's sign and carpal tunnel compression test as well as Phalen's test over the median nerve of the right wrist. There was 4/5 strength to thumb opposition. The claimant was diagnosed with carpal tunnel syndrome and plan at that time was for surgical intervention in the form of a carpal tunnel release procedure as well as de Quervain's release procedure to the right wrist. Records do not indicate recent treatment in regard to a diagnosis of de Quervain's tenosynovitis. A 07/08/13 assessment with [REDACTED] specifically states that the claimant is with negative Finkelstein testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right open carpal tunnel release and right de Quervain's release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 271.

Decision rationale: Based on California ACOEM Guidelines, the role of concordant surgery to be performed to the right wrist in the form of an open carpal tunnel release and de Quervain's release would not be indicated. From records for review, the claimant does not appear to be with a current diagnosis of de Quervain's tenosynovitis. The claimant has a negative Finkelstein testing and there was not documentation of treatment for this disorder including no prior injection therapy. The absence of clinical correlation for de Quervain's surgical process, the role of the dual procedure would not be indicated, even in light of the claimant's positive electrodiagnostic study findings.

Preoperative electrocardiogram: 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.

Preoperative laboratory testing: 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.

Post-operative physical therapy: 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.

A glove with putty and scar gel: 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 items/services are medically necessary.

Post-operative pain medicine: 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.