

Case Number:	CM13-0016181		
Date Assigned:	12/11/2013	Date of Injury:	04/11/2013
Decision Date:	03/14/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/26/2013

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 Physical Medicine and Rehabilitation, 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.

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 34-year-old female with a 4/11/13 date of injury. Subjective findings include numbness and tingling to her hands, pain at the wrist, and swelling. Objective findings include positive Finkelstein test on both wrists, positive Tinel's and Phalen's test, positive carpal compression test, and decreased sensation to her hand. EMG/NCS of the upper extremities on 5/8/13 was normal. Current diagnoses include bilateral carpal tunnel syndrome with de Quervain's tenosynovitis. Treatment to date includes splinting, physical therapy, and steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

bilateral carpal tunnel 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): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The MTUS/ACOEM guidelines support surgical decompression of the median nerve to relieve carpal tunnel syndrome symptoms proved by positive findings on clinical examination and nerve conduction tests. There should also be failed conservative treatments, including splint, medications, and corticosteroid injection in cases resistant to

conservative therapy. The Official Disability Guidelines state that decompression may be recommended if at least two of the following apply: Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign. There should also be at least two findings by physical exam, to include Durkan's compression test, Semmes-Weinstein monofilament test, Phalen's Sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness. At least three conservative treatment measures should be attempted first, such as activity modification for one month or more, wrist splint for one month or more, nonprescription analgesia, physical therapy referral for home exercise training, successful initial outcome from corticosteroid injection trial, and/or positive electrodiagnostic testing. Within the medical information available for review, there is documentation of diagnoses of bilateral carpal tunnel syndrome with de Quervain's tenosynovitis. In addition, there is documentation of positive findings on clinical examination and failed conservative treatment including splint, medications, and corticosteroid injection. However, given documentation of normal EMG/NCS of upper extremities studies, there is no documentation of positive nerve conduction tests. Therefore, based on guidelines and a review of the evidence, the request for bilateral carpal tunnel release is not medically necessary.

first dorsal compartment 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): 259, 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The MTUS/ACOEM guidelines identify that the majority of patients with De Quervain's syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option. The unique signs for De Quervain's tenosynovitis are tenderness over radial styloid, mass over radial styloid, crepitus, thick tendon sheath, pain upon passive abduction, triggering, pain worse with ulnar deviation, thumb flexion, adduction, and stretch of first dorsal compartment. The Official Disability Guidelines state that de Quervain's release can be recommended if subjective findings of (pain with thumb motion, swelling over the wrist, a popping sensation, and/or pain over the distal radial forearm associated with paresthesias over the dorsal radial hand) are noted; if objective findings of positive Finkelstein test and positive Tinel's sign are noted; and if three to six months of conservative care such as splinting, injection in the dorsal compartment, injection in the subcutaneous tissues just dorsal to the compartment, and a work evaluation have failed. Within the medical information available for review, there is documentation of diagnoses of bilateral carpal tunnel syndrome with de Quervain's tenosynovitis. In addition, there is documentation of pain with thumb motion and swelling over the wrist, positive Finkelstein test and positive Tinel's sign, and failure of three to six months of splinting. However, there is no documentation of failure of three to six months of additional conservative care, such as injection in the dorsal compartment and injection in the subcutaneous tissues just dorsal to the compartment. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

