

Case Number:	CM13-0018334		
Date Assigned:	01/15/2014	Date of Injury:	03/20/2007
Decision Date:	04/07/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/29/2013

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 Orthopaedic 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:

The patient is a 60-year-old female family advocate for the [REDACTED] who sustained injuries to her hands, neck, and low back on 3/20/07. This occurred when she tripped and fell over a box onto her outstretched hands. The 6/21/12 hand surgeon report cited subjective complaints of constant moderate sharp right wrist pain, numbness, tingling, and weakness aggravated by repetitive movement. Objective finding documented grip strength 20 kg left, 15 kg right (dominant), right wrist range of motion within normal limits, +3 tenderness to palpation over the dorsal, volar, and medial wrist, and positive Phalen's, Tinel's, and Finkelstein' tests. The treatment plan recommended home exercise, continued wrist splints, Medrox ointment, and surgery for release of right deQuervain's and right carpal tunnel syndrome. The provider requested the EMG results. Records indicate the patient was being seen by other physicians for right shoulder impingement syndrome, lumbar sprain/strain, and cervical sprain/strain. Complaints included constant neck pain radiating down the right upper extremity and right shoulder pain radiating to the right hand with numbness and tingling. The 9/13/12 progress report was unchanged relative to exam findings. The provider again requested EMG results. The 12/7/12 right shoulder MRI documented osteoarthritic changes in the acromioclavicular and glenohumeral joints. The 3/12/13 hand surgeon report cited subjective and objective findings unchanged from prior reports. The treatment plan included medications and medical clearance for surgery. The 6/12/13 orthopedic report documented moderate to severe right shoulder pain and constant right wrist pain. Objective findings documented normal shoulder range of motion, +3 shoulder girdle tenderness, positive impingement sings, right wrist range of motion mild to moderately decreased, +3 global wrist pain, and positive Tinel's and Phalen's tests. Surgery on the right shoulder and right wrist were pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT CARPAL TUNNEL RELEASE, RIGHT FIRST DORSAL COMPARTMENT RELEASE WITH INTERNAL MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 syndrome, Forearm, Hand, and Wrist, Carpal Tunnel Release Surgery, De Quervain's Tenosynovitis Surgery.

Decision rationale: The Official Disability Guidelines (ODG) recommend carpal tunnel release surgery after an accurate diagnosis of moderate or severe carpal tunnel syndrome. The ODG recommend deQuervain's tenosynovitis surgery as an option for consistent signs and symptoms and failure of 3 months of conservative treatment with splinting and injection. Surgical treatment of de Quervain's tenosynovitis without a trial of conservative treatment is generally not indicated. Based on the medical records provided for review there are no electrodiagnostic test findings and/or detailed documentation by the provider to support the presence and severity of carpal tunnel syndrome (and to rule-out cervical radiculopathy and/or other neuropathy.) There was no detailed documentation that recent comprehensive care (specifically for the deQuervain's tenosynovitis, including injections) had been tried and failed. The request for right carpal tunnel release, right 1st dorsal compartment release, and internal medicine consult is not medically necessary and appropriate.

VICODEN ES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 OP PHYSICAL THERAPY, 3 X 8 ON RIGHT CARPAL TUNNEL SYNDROME, RIGHT DEQUERVAIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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.