MAXIMUS Federal Services

Case Number:	CM13-0029030		
Date Assigned:	11/27/2013	Date of Injury:	03/13/2013
Decision Date:	02/25/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/24/2013

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:

The patient is a 51-year-old female who reported an injury on 03/13/2013 due to cumulative trauma while performing normal job duties. Prior treatments included physical therapy. The patient's most recent clinical examination finding revealed the patient complained of bilateral wrist and elbow pain. Physical findings included normal range of motion of her fingers, thumbs, wrists, and elbows, swelling on the dorsal aspect of the right wrist with a ganglion cyst present at that region. The patient had a positive Tinel's sign over the right and left median nerves with tenderness to palpation of the right median epicondyle and left lateral epicondyle, a negative Finkelstein's test. Previous treatments included physical therapy. The patient's diagnoses included bilateral lateral epicondylitis, stenosing tenosynovitis of the middle fingers bilaterally, and carpal tunnel syndrome bilaterally. The patient's treatment plan included carpal tunnel release, fasciotomy, and postoperative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fasciotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter, Dupuytren's release (fasciectomy or fasciotomy)

Decision rationale: The requested decision for the fasciotomy is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is developing a contracture due to lack of use. Official Disability Guidelines do recommend this procedure for patients who are rapidly developing contractures. However, the clinical documentation submitted for review does not provide any evidence that the patient is participating in any type of treatment to prevent the contracture. It is noted within the documentation that the patient refuses to take any medications to assist with pain control. Additionally, there is no documentation of injection therapy, or that the patient is participating in an active therapy program. Additionally, there are no objective clinical findings to support the need for this type of surgery. The documentation did not include a diagnostic study to support the need for this surgical intervention. As such, the requested fasciotomy is not medically necessary or appropriate.

Post-op physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Although California Medical Treatment Utilization Schedule does recommend physical therapy in the postoperative management of a patient, the requested surgery is not medically necessary. Therefore, postsurgical management would not be indicated. As such, the requested postoperative physical therapy is not medically necessary or appropriate.

Post-op orthosis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The requested postop orthosis is not medically necessary or appropriate. American College of Occupational and Environmental Medicine do consider splinting and option for subacute and chronic hand, wrist, and forearm disorders. However, the requested surgery is not supported by the documentation. Therefore, postsurgical orthosis would not be indicated. As such, the requested postsurgical orthosis is not medically necessary or appropriate.