

Case Number:	CM13-0032431		
Date Assigned:	03/17/2014	Date of Injury:	07/05/2012
Decision Date:	05/22/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 patient was injured in a work-related accident on 7/5/12. The clinical records indicate injury to the left wrist. Specific to the left upper extremity, there is evidence of bilateral electrodiagnostic studies from 10/24/13 that were noted to be normal. There were no positive findings documented. Previous clinical assessment, dated 9/12/13, indicates that the claimant declined corticosteroid injections to the first dorsal extensor compartment. She was diagnosed with deQuervain's syndrome, carpal tunnel syndrome, and tenosynovitis to the forearm. Surgical intervention at present is being recommended in the form of both a deQuervain's first dorsal extensor compartment release and a carpal tunnel release for further definitive care. Documentation of further clinical measures is not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT WRIST 1ST EXTENSOR COMPARTMENT TENOSYNOVECTOMY.: Upheld

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

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

Decision rationale: Based on California ACOEM Guidelines, a surgical process to include a left wrist first dorsal extensor compartment release would not be indicated. The claimant has not failed conservative measures with no documentation of prior injection therapy or conservative measures that would support the acute need of the surgical process in question. The absence of the above would fail to necessitate surgery at this time. Therefore, the request is not medically necessary.

LEFT CARPAL TUNNEL RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

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

Decision rationale: Based on California ACOEM Guidelines, left carpal tunnel release also would not be indicated. CA MTUS states, "surgery should usually be delayed until a definitive diagnosis of carpal tunnel syndrome is made by history, physical examination, and possibly electrodiagnostic studies." The claimant's electrodiagnostic studies were normal failing to support a diagnosis of carpal tunnel syndrome. The absence of clinical correlation of exam findings and electrodiagnostic studies would fail to necessitate surgery. Therefore, the request is not medically necessary.

PRE-OPERATIVE STUDIES (CBC, UA, PT) AND BASIC LAB STUDIES (EKG):
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004), page 127; Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) page 503 and the Official Disability Guidelines, Low Back-Preoperative electrocardiogram (ECG).

Decision rationale: CA MTUS states, "Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient." When looking at Official Disability Guidelines criteria and CA MTUS, preoperative testing would not be indicated as the need for operative intervention in this case has not yet been established. Therefore, the request is not medically necessary.