

Case Number:	CM13-0034840		
Date Assigned:	06/06/2014	Date of Injury:	08/06/2012
Decision Date:	07/29/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/15/2013

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 Texas. 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:

The injured worker is a 64-year-old female who reported an injury on 08/06/2012. The mechanism of injury was not stated. Current diagnoses include right De Quervain's tenosynovitis, right carpal tunnel syndrome, and left carpal tunnel syndrome. The injured worker was evaluated on 08/06/2013 with complaints of left wrist pain radiating into all 5 digits with numbness, tingling, and weakness. Physical examination revealed decreased and painful left wrist range of motion, decreased and painful right wrist range of motion, positive Tinel's and Phalen's testing on the right, positive compression testing over the median nerve with numbness, mild thenar atrophy and mild doctor pollicis brevis weakness, positive Finkelstein's testing, and positive pain over the first dorsal wrist extensor. Treatment recommendations at that time included continuation of bracing and home exercises. The injured worker was also awaiting authorization for a right carpal tunnel decompression. It is noted that the injured worker underwent electrodiagnostic studies of the bilateral upper extremities on 04/19/2013, which indicated mild left ulnar neuropathy and mild left carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuroplasty and/or transposition, median nerve at carpal tunnel: 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): 270-271.

Decision rationale: The California MTUS/ACOEM guidelines state that referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management including worksite modification, and have clear clinical and special study evidence of a lesion. Carpal tunnel syndrome must be proved by positive findings on clinical examination and supported by nerve conduction studies. As per the documentation submitted, the injured worker's electrodiagnostic study on 4/19/13 reveals evidence of mild left carpal tunnel syndrome. Physical examination on 8/6/13 reveals decreased and painful left wrist range of motion. However, it was noted on 8/6/13 that the injured worker was awaiting authorization for a right carpal tunnel decompression. The injured worker does demonstrate positive Tinel's and Phalen's testing, positive compression testing, and mild thenar atrophy with weakness on the right. There is no mention of an exhaustion of conservative treatment to include activity modification, drug therapy, and occupational therapy. As such, the request is not medically necessary.