

Case Number:	CM13-0048335		
Date Assigned:	12/27/2013	Date of Injury:	10/17/2002
Decision Date:	03/17/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/05/2013

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, has a subspecialty in Hand 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:

According to the records made available for review, this is a 56-year-old male with a 10/17/02 date of injury. At the time of request for authorization for right wrist carpal tunnel release, electrodiogram, laboratory tests, and post-op physical therapy, there is documentation of subjective (right wrist pain) and objective (as per 3/28/13 report: discomfort to palpation over the dorsal surface of the radiocarpal joint, positive Phalen's, positive Tinel's, and instability in the radial collateral ligament at the level of the MP joint of the right thumb) findings, imaging findings (right wrist x-rays (unspecified date) report revealed scapholunate advanced collapse deformity in the right wrist associated with carpal tunnel as well as instability of in the distribution of the radial collateral ligament at the metacarpophalangeal joint of the right thumb), current diagnoses (right carpal tunnel syndrome, scapholunate advanced collapse deformity of right wrist, instability of radial collateral ligament metacarpophalangeal joint right thumb, history of loss of profundus of right small finger, and osteoarthritis), and treatment to date not specified. There is no documentation of 2 additional symptoms, at least 3 conservative treatment measures attempted, and positive electrodiagnostic testing. $\hat{\imath}\hat{\imath}$

IMR ISSUES, DECISIONS AND RATIONALES

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

A right wrist carpal tunnel release and proximal row carpectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines identifies documentation of positive findings on clinical examination and the diagnosis should be supported by nerve conduction, as criteria necessary to support the medical necessity of carpal tunnel release. ODG identifies documentation of at least 2 symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)), at least 2 findings by physical exam (Durkan's compression test, Semmes-Weinstein monofilament test, Phalen Sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness (thumb abduction)), at least 3 conservative treatment measures attempted (activity modification \geq 1 month, wrist splint \geq 1 month, nonprescription analgesia, physical therapy referral for home exercise training, and/or successful initial outcome from corticosteroid injection trial (optional)), and positive electrodiagnostic testing, as criteria necessary to support the medical necessity of carpal tunnel release. Within the medical information available for review, there is documentation of a diagnosis of right carpal tunnel syndrome, scapholunate advanced collapse deformity of right wrist, instability of radial collateral ligament metacarpophalangeal joint right thumb, history of loss of profundus of right small finger, and osteoarthritis. In addition, there is documentation of symptoms (right wrist pain) and findings by physical exam (positive Phalen's, positive Tinel's, and instability in the radial collateral ligament at the level of the MP joint of the right thumb). However, there is no documentation of 2 additional symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)), at least 3 conservative treatment measures attempted (activity modification \geq 1 month, wrist splint \geq 1 month, nonprescription analgesia, physical therapy referral for home exercise training, and/or successful initial outcome from corticosteroid injection trial (optional)), and positive electrodiagnostic testing. The request for a right wrist carpal tunnel release and proximal row carpectomy is not medically necessary or appropriate

electrocardiogram: Upheld

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

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 or appropriate.

laboratory test (CBC), metabolic pane,: Upheld

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

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 or appropriate.

Post-operative physical therapy for the right wrist, twice per week for four weeks: Upheld

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

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 or appropriate.