

Case Number:	CM13-0051271		
Date Assigned:	04/25/2014	Date of Injury:	08/15/2008
Decision Date:	06/13/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/14/2013

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, has a subspecialty in Sports Medicine 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:

The claimant is a 55-year-old female who sustained an injury to the upper extremities on August 15, 2008. Specific to the claimant's right upper extremity, the documentation indicated a history of a right carpal tunnel release on March 26, 2013. There was a report of postoperative electrodiagnostic studies on August 9, 2013 noted to be normal. A September 27, 2013 progress report documented bilateral shoulder and carpal tunnel complaints as well as complaints of triggering of the right middle digit and left thumb. Physical examination findings demonstrated bilateral upper extremity Tinel's testing at the wrists, hypesthesias in a median nerve distribution, tenderness over the A1 pulley of the right middle finger with triggering and popping. The recommendation for right carpal tunnel release and right middle finger A1 pulley release was made. There is no documentation of prior conservative treatment to the trigger finger; particularly, no documentation of prior injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT CARPAL TUNNEL RELEASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270.

Decision rationale: Based on California ACOEM Guidelines, the request for right carpal tunnel release would not be supported. The records document that the claimant has a previous carpal tunnel release. The only postoperative electrodiagnostic study provided for review indicates that the findings are normal. There is no documentation of recurrent carpal tunnel pathology. ACOEM Guidelines only recommend the role of carpal tunnel release procedure in the setting of positive electrodiagnostic studies correlating with physical examination findings. That is not evident in this case. Therefore, the request for surgical intervention would not be supported.

RIGHT MIDDLE FINGER A1 PULLEY RELEASE: 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 trigger finger release surgery for the middle digit would not be supported. While surgery can be an option for recalcitrant conservative measures, there is currently no indication of prior conservative measures in regards to the claimant's middle digit, particularly no documentation of prior injection therapy. ACOEM Guidelines recommend one or two injections to the affected finger prior to consideration for surgery. The absence of prior conservative care including injections would fail to support the acute need of a trigger finger release procedure.