

Case Number:	CM13-0052100		
Date Assigned:	12/27/2013	Date of Injury:	06/07/2001
Decision Date:	03/15/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/15/2013

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:

According to the records made available for review, this is a 59-year-old female with a 6/7/01 date of injury. The request for authorization is for De Quervain's release, carpal tunnel release, preoperative clearance - chest x-ray, EKG, CBC, UA, and basic metabolic panel, and 12 sessions of physical therapy. There is documentation of subjective findings of pain, numbness, lack of strength, very painful thumb with any use of the hand, swollen first dorsal compartment and is unable to complete activities of daily living. The objective findings include swelling in the first dorsal compartment of her right hand, painful Finkelstein test, pain and numbness on the median innervated fingers with positive Tinel sign, and decreased grip strength findings. An EMG/NCV right upper extremity (9/4/13) report revealed moderate right carpal tunnel syndrome. The current diagnoses include carpal tunnel syndrome, moderate to severe, in the right hand and de Quervain's first dorsal compartment tenosynovitis right hand. The treatment to date includes medications and physical therapy. There is no documentation of failure of three to six months of additional conservative care such as splinting, injection in the dorsal compartment, injection in the subcutaneous tissues just dorsal to the compartment, cortisone injection, and a work evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

DeQuervain's release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 270, 271.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 259, 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Surgery for De Quervain's Tenosynovitis

Decision rationale: The California MTUS reference to ACOEM guidelines identify that the majority of patients with De Quervain's syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating De Quervain's tendinitis. In addition, California MTUS reference to ACOEM guidelines identify that the unique signs for De Quervain's tenosynovitis are tenderness over radial styloid, mass over radial styloid, crepitus, thick tendon sheath, pain upon passive abduction, triggering, Pain worse with ulnar deviation, thumb flexion, adduction and stretch of first dorsal compartment (Finkelstein test). However, there is no documentation of failure of three to six months of conservative care such as splinting, injection in the dorsal compartment, injection in the subcutaneous tissues just dorsal to the compartment. Therefore, based on guidelines and a review of the evidence, the request for De Quervain's release is not medically necessary.

Carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 270, 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Carpal Tunnel Release

Decision rationale: The California MTUS reference to ACOEM guidelines support surgical decompression of the median nerve to relieve carpal tunnel syndrome symptoms proved by positive findings on clinical examination and nerve conduction tests and failed conservative treatment including splint, medications, and corticosteroid injection in cases resistant to conservative therapy. 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), no current pregnancy, 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 positive findings on clinical examination and nerve conduction tests and failed conservative treatment including medications. However, there is no documentation of additional failed conservative treatment including splint and corticosteroid injection. Therefore, based on guidelines and a review of the evidence, the request for carpal tunnel release is not medically necessary.

Preoperative clearance-chest x-ray, EKG, CBC, UA and basic metabolic panel: 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.

12 session of physical therapy: 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.