

Case Number:	CM13-0055195		
Date Assigned:	12/30/2013	Date of Injury:	07/20/2010
Decision Date:	05/19/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/20/2013

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 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 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 32-year-old female injured on 07/20/10. Clinical records reviewed include an October 24, 2013 assessment where the claimant was noted to be with continued upper extremity complaints. It states the claimant was doing well at that time following an April 2012 right hand carpal tunnel release procedure for which the median and ulnar nerves were released. It states the claimant is now with De Quervain's tenosynovitis along the radial border of the wrist becoming symptomatic. It states previous injection of steroid did not provide longstanding relief. Symptoms are continuing to persist. She is also complaining of tenderness in the distribution of the superficial radial nerve. Physical examination findings at that date showed tenderness to palpation with clicking and locking of the thumb. It states based on the claimant's failed care including steroid injection that surgical process was being recommended in the form of De Quervain's tendon release with possible neurolysis of the radial sensory nerve and a flexor tendon release at the mid portion of the thumb. The claimant has also continued to be with complaints of carpal tunnel syndrome to the left wrist with associated positive Tine's and Durkan's testing. Electrodiagnostic studies from 09/05/12 revealed normal findings to the median and ulnar nerves of the wrist with chronic radiculopathy noted. There are no further electrodiagnostic studies available for review in this instance.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT MEDIAN NERVE RELEASE WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

Decision rationale: Based on the ACOEM Guidelines, release of the left median nerve would not be indicated. Electrodiagnostic studies provided for review failed to demonstrate specific carpal tunnel related findings that would necessitate the acute need of surgical procedure. While the claimant is with positive examination, the lack of clinical correlation of the diagnosis with electrodiagnostic evidence of median nerve compression would fail to necessitate the surgical process. The request is not medically necessary and appropriate.

LEFT ULNAR NERVE RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37.

Decision rationale: The ACOEM Guidelines do not support the role of an ulnar nerve release. In this instance the claimant's electrodiagnostic are negative for compression at the ulnar nerve. There would be no indication for an acute ulnar nerve release given the claimant's clinical picture. The request is not medically necessary and appropriate.

LEFT POSSIBLE TENOSYNOVECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

Decision rationale: Based on the ACOEM Guidelines the role of tenosynovectomy to the dorsal compartment would also not be supported. The medical records provided for review indicate one isolated injection to the wrist with no indication of further conservative care being utilized. Guidelines only recommend the role of the surgical intervention in the setting of persistent pain under unusual circumstances that do not resolve with a significant course of conservative measures. Lack of documentation of significant conservative measures outside of one isolated injection would fail to acutely necessitate the role of a De Quervain's release. The request is not medically necessary and appropriate.

POST OP NERVE BLOCK LEFT WRIST: 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.