

Case Number:	CM13-0059910		
Date Assigned:	12/30/2013	Date of Injury:	06/25/2004
Decision Date:	05/15/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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 Hand 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 44-year-old who reported an injury on June 25, 2004 due to repetitive trauma. The injured worker ultimately sustained an injury to her right upper extremity. The injured worker's treatment history included splinting, therapy, and pain management. The injured worker underwent an electrodiagnostic study in 09/2013 that documented mild evidence of right carpal tunnel syndrome. The injured worker underwent an MRI of the right hand on October 10, 2013, that documented a normal study. The injured worker underwent an MRI of the right wrist on October 10, 2013 that documented no evidence of median nerve compression or carpal tunnel compression with normal appearing carpal bones. The injured worker was evaluated on October 23, 2013. It was noted that the injured worker had ongoing numbness and tingling of the right thumb and index finger. Physical findings included a positive Tinel's, Phalen's, and carpal compression test to the right wrist, decreased sensation to the thumb and index finger, with a positive Finkelstein's test. The injured worker's diagnoses included right carpal tunnel syndrome with De Quervain's tenosynovitis. Treatment recommendations included carpal tunnel release, first dorsal compartment release and postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARPAL TUNNEL RELEASE: Overturned

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

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

Decision rationale: The requested carpal tunnel release is not medically necessary or appropriate. The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines recommends carpal tunnel release for patients with symptoms of moderate to severe carpal tunnel syndrome that have been recalcitrant to conservative treatments and worksite modifications. The clinical documentation submitted for review does indicate that the injured worker has failed to respond to physical therapy, splinting, and medications. Although the injured worker's electrodiagnostic study does indicate mild right sided carpal tunnel syndrome, given the significant examination findings and adequate conservative treatment, surgery would be indicated at this time. The request for carpal tunnel release is medically necessary and appropriate.

FIRST DORSAL COMPARTMENT RELEASE: Overturned

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

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

Decision rationale: The requested first dorsal compartment release is not medically necessary or appropriate. The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines recommends surgical intervention for the forearm, wrist, and hand for patients who have clear physical findings and diagnostic studies of lesions that would benefit from surgical intervention that have failed to respond to conservative treatments. The clinical documentation submitted for review does indicate that the injured worker has failed to respond to medications, physical therapy, and splinting. Given the clear physical examination findings and adequate conservative therapy, surgical intervention would be appropriate for this patient. The request for first dorsal compartment release is medically necessary and appropriate.

POST-OPERATIVE PHYSICAL THERAPY, THREE TIMES PER WEEK FOR FOUR WEEKS: 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 Postsurgical Treatment Guidelines Page(s): 16,19.

Decision rationale: The requested post-operative physical therapy 3x4 is not medically necessary or appropriate. The associated requests for surgical intervention are medically appropriate for this patient. However, the Post-Surgical Treatment Guidelines recommends up to eight visits for carpal tunnel release and 14 visits for surgical intervention for de Quervain's

syndrome. However, guidelines recommend an initial course of therapy of half the number of recommended visits. This would be equal to seven visits. The request exceeds this recommendation. There are no exceptional factors noted to extend treatment beyond guideline recommendations. Additionally, the request does not provide a specified body part. Therefore, the appropriateness of the request cannot be determined. The request for post-operative physical therapy, three times per week for four weeks, is not medically necessary or appropriate.