

Case Number:	CM13-0062849		
Date Assigned:	12/30/2013	Date of Injury:	11/09/2010
Decision Date:	04/03/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 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:

The patient is a 62-year-old male who reported an injury on 11/09/2010. The patient was reportedly injured while performing repetitive work duties. The patient is diagnosed with mild de'Quervain's tenosynovitis, aggravation of prior left carpal tunnel syndrome, extensor carpi radialis longus/brevis and extensor digitorum tenosynovitis and intersection syndrome of the left wrist. The patient was seen by [REDACTED] on 11/22/2013. The patient reported persistent pain and tingling in the left thumb, small finger, and middle finger. Physical examination revealed 85 degrees flexion with numbness to the index and small finger, 55 degrees extension with painful range of motion, and positive Phalen's and Tinel's testing. The treatment recommendations included carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist carpal tunnel release surgeon, assistant surgeon:

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral for hand surgery consultation may be indicated for patient who have red flags of a serious nature, fail to

respond to conservative management, and have clear clinical and special study evidence of a lesion. Carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction tests. As per the documentation submitted, there is no evidence within the documentation provided of an exhaustion of conservative treatment including occupational therapy, night wrist splinting, non-prescription analgesics, and activity modification. There is also no evidence of a successful initial outcome from a corticosteroid injection. Based on the clinical information received, the request is non-certified.

Pre op clearance, Micro Z glove x 14 days: 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.

Post op OT 2x4 to 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.