MAXIMUS Federal Services

Case Number:	CM13-0066638		
Date Assigned:	01/17/2014	Date of Injury:	05/01/2012
Decision Date:	05/28/2014	UR Denial Date:	11/30/2013
Priority:	Standard	Application Received:	12/16/2013

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 was injured on May 1, 2012. Clinical records specific to the claimant's right upper extremity include a January 28, 2014 progress report where the claimant was noted to be with pain complaints due to repetitive work. It states she has utilized carpal tunnel bracing, activity restrictions and has had no injection therapy. Her examination showed pain at the area of the radial styloid consistent with De Quervain's tenosynovitis as well as positive Tinel and flexion testing at the wrist consistent with carpal tunnel diagnosis. Based on the claimant's failed conservative care, records requested surgical intervention to include a first dorsal extensor compartment release for the claimant's diagnosis of De Quervain's tenosynovitis as well as a carpal tunnel release procedure to the right wrist. Previous documentation of electrodiagnostic studies from September 14, 2012 are not formally available for review. It states that the electromyography portion was normal, but that formal interpretation was that of carpal tunnel syndrome. At present, there is a request for the dual surgical processes as requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RIGHT CARPAL TUNNEL RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery - Carpal Tunnel Syndrome (Acute & Chronic).

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

Decision rationale: California ACOEM Guidelines would not support the acute need of carpal tunnel release procedure. CA MTUS states," surgery should usually be delayed until a definitive diagnosis of CTS is made by history, physical examination, and possibly electrodiagnostic studies." At present there is conflicting evidence in regards to the claimant's electrodiagnostictesting with no formal documentation of positive findings. When taking into account the claimant's chronic clinical complaints, the absence of electrodiagnostic studies to firmly support the diagnosis would fail to support the acute need of surgery. Therefore, the request for 1 right carpal tunnel release is not medically necessary and appropriate.

1 RIGHT RELEASE DE QUERVAIN'S TENOSYNOVITIS: 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: The most recent clinical progress report of January 2014 indicates the claimant has had no evidence of prior injection to the first dorsal extensor compartment. The absence of prior injection therapy would fail to acutely support the need for operative intervention. Therefore, the request for 1 right release DeQuervain's Tenosynovitis is not medically necessary and appropriate.