

Case Number:	CM13-0072003		
Date Assigned:	01/17/2014	Date of Injury:	06/28/2013
Decision Date:	06/03/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/30/2013

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, has a subspecialty in Hand 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 59-year-old female injured in a work-related accident on June 28, 2013. She sustained a distal radial fracture, for which she underwent an open reduction internal fixation with hardware on July 9, 2013. Postoperatively, the claimant continues to report right hand paresthesias and discomfort. A December 4, 2013, physical examination demonstrated continued triggering of the right thumb with positive Tinel's sign at the median nerve consistent with carpal tunnel syndrome. There was positive crepitation. The records do not document other physical examination findings. Plain film radiographs demonstrated a well-healed fracture. The records state that the claimant has been treated conservatively with a prior trigger thumb injection of corticosteroid with no significant benefit. The records do not reference electrodiagnostic studies. Given the claimant's ongoing complaints, surgical intervention was recommended in the form of a left carpal tunnel release with removal of prior distal radial plate and a trigger thumb release, all to be performed concordantly.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT CARPAL TUNNEL RELEASE EXTENSILE, REMOVAL PLATE DISTAL RADIUS, TRIGGER THUMB RELEASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, FOREARM, WRIST, AND HAND CHAPTER: HARDWARE IMPLANT REMOVAL

(FRACTURE FIXATION), PERCUTANEOUS RELEASE (OF THE TRIGGER FINGER AND/OR THUMB), INDICATIONS FOR SURGERY - CARPAL TUNNEL RELEASE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-271. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT IN WORKER'S COMP, 18TH EDITION, 2014 UPDATES: HARDWARE IMPLANT REMOVAL (FRACTURE FIXATION); OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT IN WORKER'S COMP, 18TH EDITION, 2014 UPDATES: HARDWARE IMPLANT REMOVAL (FRACTURE FIXATION).

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guideline criteria, carpal tunnel release, trigger finger release and hardware removal would not be recommended in this case. In reference to the carpal tunnel, the records contain no electrodiagnostic study to confirm or refute the diagnosis. ACOEM Guidelines indicate the need for positive electrodiagnostic studies prior to proceeding with operative intervention. For that reason, this portion of the surgical procedure would not be medically necessary. In reference to the request for hardware removal, the records do not contain any documentation of broken or painful hardware. Therefore, the absence of documentation to confirm the diagnosis of carpal tunnel syndrome and indication of broken or painful hardware, the proposed surgery cannot be recommended as medically necessary.