

<b>Case Number:</b>	CM14-0100493		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/10/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 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 54-year-old female who reported a repetitive strain injury on 11/10/2011. The current diagnoses included status post right thumb trigger release, status post left carpal tunnel decompression, status post right forearm surgery, inability to fully extend the right index and right middle finger, and bilateral carpal tunnel syndrome. The injured worker was evaluated on 05/13/2014 with complaints of persistent pain, stiffness, numbness, and tingling at the right 2nd and 3rd digits. Physical examination revealed tenderness over the lateral epicondyle, inability to fully extend the right index and middle finger, positive compression testing over the median nerve, positive thenar atrophy and abductor pollicis brevis weakness, positive Durkan's and prayer sign, and limited range of motion of the bilateral wrists. It is noted that the injured worker underwent electrodiagnostic testing on 12/06/2013, which indicated bilateral carpal tunnel syndrome. Treatment recommendations at that time included a possible tendon transfer at the right index finger.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right index finger Extensor Transfer and right Dorsal Wrist Cyst Removal:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheelless Textbook of Orthopedics online , Official Disability Guidelines.

**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 a referral for hand surgery consultation may be indicated for patients 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. As per the documentation submitted, there is no evidence of an exhaustion of conservative treatment prior to the request for a surgical procedure. There is also no evidence of an attempt and failure of cyst aspiration prior to the request for a cyst removal. Based on the clinical information received, the request for Right index finger Extensor Transfer and right Dorsal Wrist Cyst Removal is not medically necessary.