MAXIMUS Federal Services

Case Number:	CM14-0011251		
Date Assigned:	02/21/2014	Date of Injury:	10/17/2011
Decision Date:	07/17/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/28/2014

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 had a work related injury on 10/17/11. The injury is reported as gradual development of bilateral upper extremities pain and numbness and tingling weakness from performing repetitive activities as work and specific trauma on 10/17/11. On 10/17/11 the mechanism of injury is reported as lifting a heavy trashcan when the injured experienced increased pain in the wrist and fingers. The injured was examined on the date of injury, x-rays were obtained, and was given prescription for medication, physical therapy, and a brace; the subsequent diagnosis was tendinitis. Later on, a diagnosis of bilateral carpal tunnel syndrome and bilateral deQuervain syndrome were assessed. Other treatment included wrist splints, braces, and anti-inflammatory medications. Electromyography (EMG) study on 07/13/12 bilateral upper extremities was normal. A psychological evaluation is documented. Current physical examination findings on 01/16/14, noted dorsiflexion, palmar flexion, ulnar deviation, radial deviation were limited. Tenderness and hypersensitivity when palpating over all aspects of the wrist, distal forearm, and web of the hand. Phalen and reverse Phalen tests was positive for pain. Muscle strength testing revealed 4/5 strength with right wrist dorsiflexors, palmar flexors, radial deviators, and ulnar deviators. Left wrist examination muscle strength testing revealed 4/5 strength with left wrist dorsiflexors palmar flexors radial deviators and ulnar deviators. Finklestein test was positive bilaterally. Prior utilization review on 01/20/2014 was non-certified. The request was for right and left carpal tunnel release was made along with right and left dorsal compartment release.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT AND LEFT CARPAL TUNNEL RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, carpal tunnel release.

Decision rationale: The request for left and right carpal tunnel release is not nedically necessary. The clinical documentation does not support the request for the procedure. There is not an updated electrodiagnsotic study (EMG/NCV), previous study 07/13/2012 which was normal. No documentation of failure of physical therapy, or other interventional treatment (injection). Therefore, medical necessity has not been established.

RIGHT AND LEFT DORSAL COMPARTMENT RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand, deQuervains tenosynovitis surgery.

Decision rationale: The request for right and left dorsal compartment release is not medically necessary. The clinical documentation does not support the request for the dorsal compartment release. No clinical documentation shows failure of physical therapy, splinting or other interventional treatment (injection). Therefore, medical necessity has not been established.