

Case Number:	CM14-0012770		
Date Assigned:	02/21/2014	Date of Injury:	11/01/2006
Decision Date:	06/27/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/31/2014

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 Physical Medicine and Rehabilitation 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 67-year-old male with an 11/1/06 date of injury. There is documentation of subjective (bilateral hand pain with numbness and tingling, and bilateral Dupuytren's contracture of the palms with difficulty gripping and grasping objects) and objective (contracture at the metatarsophalangeal (MP) joint that is shortening the skin and the MP joint, especially the MP joint of the small and ring finger; and positive Tinel's, Finkelstein's and Phalen's signs bilaterally) findings, current diagnoses (bilateral carpal tunnel syndrome, compression neuropathy of the ulnar nerve at the right wrist, first dorsal compartment syndrome, and Dupuytren's contracture of the palm), and treatment to date (medications). There is no documentation of additional subjective findings (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand); pain with thumb motion, swelling over the wrist, a popping sensation, and/or pain over the distal radial forearm associated with paresthesias over the dorsal radial hand), additional objective findings (findings consistent with ulnar neuropathy), failure of additional conservative treatment (activity modification, wrist splint, physical therapy referral for home exercise training, injection in the dorsal compartment, injection in the subcutaneous tissues just dorsal to the compartment, and a work evaluation), and EDS findings of median and ulnar neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAN AND ULNAR NERVE RELEASE, FIRST DORSAL COMPARTMENT RELEASE, PALMER FASCIECTOMY ALL RIGHT HAND/WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 259, 270, 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Regarding first dorsal compartment release, MTUS/ACOEM guidelines identifies that the majority of patients with De Quervain's syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating De Quervain's tendinitis. In addition, MTUS /ACOEM guidelines identifies that the unique signs for De Quervain's tenosynovitis are: Tenderness over radial styloid, mass over radial styloid, crepitus, thick tendon sheath, Pain upon passive abduction, Triggering, Pain worse with ulnar deviation, thumb flexion, adduction, stretch of first dorsal compartment (Finkelstein test). The Official Disability Guidelines (ODG) identifies documentation of subjective findings of pain with thumb motion, swelling over the wrist, a popping sensation, and/or pain over the distal radial forearm associated with paresthesias over the dorsal radial hand; Objective findings of positive Finkelstein test and positive Tinel sign; and failure of three to six months of conservative care (splinting, injection in the dorsal compartment, injection in the subcutaneous tissues just dorsal to the compartment, and a work evaluation) as criteria necessary to support the medical necessity of de Quervain's release. Within the medical information available for review, there is documentation of diagnoses of bilateral carpal tunnel syndrome, compression neuropathy of the ulnar nerve at the right wrist, first dorsal compartment syndrome, and Dupuytren's contracture of the palm. In addition, there is documentation of subjective findings (bilateral hand pain with numbness and tingling, and bilateral Dupuytren's contracture of the palms with difficulty gripping and grasping objects), objective findings (contracture at the metatarsophalangeal (MP) joint that is shortening the skin and the MP joint, especially the MP joint of the small and ring finger; and positive Tinel's, Finkelstein's and Phalen's signs bilaterally) findings, and failure of conservative treatment (medications). However, there is no documentation of additional subjective findings of pain with thumb motion, swelling over the wrist, a popping sensation, and/or pain over the distal radial forearm associated with paresthesias over the dorsal radial hand. There is also no documentation of additional objective findings, failure of additional conservative treatment (activity modification, wrist splint, physical therapy referral for home exercise training, injection in the dorsal compartment, injection in the subcutaneous tissues just dorsal to the compartment, and a work evaluation). Therefore, based on MTUS and ODG guidelines and a review of the evidence, first dorsal compartment release, is not medically necessary and appropriate.