

Case Number:	CM14-0013819		
Date Assigned:	02/21/2014	Date of Injury:	03/11/2004
Decision Date:	06/26/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/04/2014

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 70-year-old female who reported an injury on 03/11/2004 due to a fall. The injured worker reportedly sustained an injury to her right wrist and bilateral thumbs. The injured worker underwent an electrodiagnostic study on 11/06/2013. It was documented that there was no electrodiagnostic evidence of carpal tunnel syndrome, cubital tunnel syndrome, entrapment of the Guyon's canal or peripheral neuropathy. It was also noted that there was no electrodiagnostic evidence of cervical radiculopathy. The injured worker's treatment history included medications, corticosteroid injections, activity modifications, and physical therapy. The injured worker was examined on 01/10/2014. It was documented that the injured worker had persistent pain complaints responsive to medications; however, not completely resolved. Physical findings included tenderness to the first dorsal compartment with a positive Finkelstein's test, significant pain in the thumb basilar joint with a positive carpal tunnel compression and Phalen's test for pain but no tingling. The injured worker's diagnoses included status post ulnar shortening osteotomy, status post right carpal tunnel release, bilateral basilar thumb joint arthritis, de Quervain's tenosynovitis, and possible carpal tunnel syndrome. The injured worker's treatment plan included an additional corticosteroid injection to the right thumb basilar joint and surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT LIGAMENT RECONSTRUCTION TENDON INTERPOSITION, FOREARM TENDON GRAFT, DEQUERVAINS RELEASE, TENDON TRANSFER: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The requested right ligament reconstruction tendon interposition, forearm tendon graft, and de Quervain's release with tendon transfer is not medically necessary or appropriate. The ACOEM guidelines recommend surgical consideration for the forearm, wrist and hand when there are clear clinical findings supported by special studies of a lesion that would benefit from surgical intervention that has not responded to conservative treatments. The clinical documentation submitted for review does indicate that the injured worker has persistent symptoms recalcitrant to conservative measures; however, the clinical documentation submitted for review does not provide a recent special study to provide diagnostic evidence of a diagnosis that requires surgical intervention. As such, the requested right ligament reconstruction tendon interposition, forearm tendon graft, and de quervain's release with tendon transfer is not medically necessary or appropriate.

POST-OP SPLINT & ADJUSTMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271..

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

POST-OP OT (OCCUPATIONAL THERAPY), 2 TIMES A WEEK FOR 4 WEEKS:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271..

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.