

Case Number:	CM14-0014995		
Date Assigned:	02/28/2014	Date of Injury:	08/07/2012
Decision Date:	06/27/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/06/2014

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 & Rehabilitation, and is licensed to practice in Nevada. 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 48-year-old individual sustained an injury on 9/7/2012. Mechanism of injury is listed as a repetitive work injury. There were ongoing complaints of right hand/wrist pain with associated numbness and tingling. Physical Examination documented in the medical records show tenderness to palpation of the flexor extensor compartment, positive Finkelstein's test, discomfort with grip effort; however, intrinsic muscle testing of all groups was full without tightness or contracture, with full range of motion of the hand and fingers; positive Tinel's sign over the median nerve at the wrist, palmer discomfort with Phalen's test, discomfort with carpal compression test with sensory symptoms in the index and long finger, sensibility was intact to touch and 2-point examination. A nerve conduction study dated 10/22/2012 was negative for carpal tunnel syndrome but positive for mild right ulnar neuropathy at the elbow. Past treatment has included physical therapy, occupational/hand therapy, night splinting and anti-inflammatories. The injured worker was laid off from work and February 2013 and reports no change in their hand and wrist symptoms. The request has been made for right carpal tunnel release with accompanying right first dorsal compartment release for the right De Quervain's tenosynovitis. The non-certification dated 1/28/2014 appears to be based on insufficient documentation of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT CARPAL TUNNEL RELEASE WITH ACCOMPANYING RIGHT FIRST DORSAL COMPARTMENT RELEASE FOR THE RIGHT DEQUERVAINS TENOSYNOVITIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 11, FOREARM, WRIST, AND HAND COMPLAINTS, 271-273.

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

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) guidelines support carpal tunnel release for patients with positive clinical findings of carpal tunnel syndrome and a positive electrodiagnostic study. Although the injured worker has signs and symptoms consistent with carpal tunnel syndrome, their electrodiagnostic study was negative. There is also no indication that the injured worker underwent a carpal tunnel cortisone injection. As such, the requested surgery is considered not medically necessary.