

Case Number:	CM14-0017458		
Date Assigned:	04/14/2014	Date of Injury:	08/14/2012
Decision Date:	05/30/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/11/2014

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 Hand 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 52-year-old female who reported an injury on 08/14/2012. The mechanism of injury was not stated. Current diagnoses include postoperative stiffness in the right hand with intrinsic tightness, right carpal tunnel syndrome, status post right endoscopic carpal tunnel release, right cubital tunnel syndrome, left carpal tunnel syndrome, left cubital tunnel syndrome, bilateral epicondylitis, cervical strain, and cervicobrachial syndrome. The injured worker was evaluated on 01/06/2014. The injured worker underwent endoscopic carpal tunnel release on 07/23/2013. The injured worker reported persistent stiffness in the right hand with very slow progress during physical therapy. Physical examination revealed normal range of motion of the right elbow, positive Tinel's testing at the medial aspect of the right elbow, tenderness to palpation over the right medial and lateral epicondyle, tenderness over the right forearm, positive Tinel's testing at the right wrist, positive Phalen's testing, positive compression sign, difficulty making a fist, intrinsic tightness, and decreased sensation to light touch in the fingertips. There was no evidence of thenar atrophy or intraosseous muscle wasting. Treatment recommendations at that time included radial and ulnar intrinsic release of the right index, long, ring and small fingers followed by an aggressive course of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT RELEASE RADIAL AND ULNAR INTRINSIC TENDON RIGHT INDEX, LONG, RING AND SMALL FINGER: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy Of Orthopedic Surgeons Intrinsic Contracture Of The Hand: Diagnosis And Management 10.5435/JAAOS-21-10-581J, American Academy Of Orthopedic Surgeons october 2013 vol. 21 no. 10 581-591.

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

Decision rationale: Forearm, Wrist, and Hand Complains/ACOEM Practice Guidelines state referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, failed to respond to conservative management, and have clear clinical and special study evidence of a lesion. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. Official Disability Guidelines state percutaneous release is recommended where symptoms persist after steroid injection. The injured worker does have positive exam findings and symptoms of intrinsic tightness. The injured worker has also participated in physical therapy. Intrinsic release would be indicated, as steroid injections cannot treat this condition. Therefore, the medical necessity has been established. As such, the request is medically necessary and appropriate.