MAXIMUS Federal Services

Case Number:	CM14-0110333		
Date Assigned:	08/01/2014	Date of Injury:	08/05/2010
Decision Date:	12/23/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/15/2014

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 New York. 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 55 year old female who sustained a work related injury August 5, 2010. In a second qualified medical examination report dated April 30, 2014, the physician describes this injury as bilateral carpal tunnel syndrome, due to repetitive hand movement (gripping and grasping). In February 2011, the injured worker underwent left carpal tunnel release and in April 2011, underwent right carpal tunnel release surgery with post-operative physical therapy and significant improvement of symptoms. On April 14, 2014, the injured worker presented for a follow-up visit with her primary orthopedic physician. The physical examination documents; 5 feet 190 pound, bilateral wrists with positive Finklesteins's test on the right and Tinel's test positive on the right over the dorsal compartment, consistent with DeQuervain's Tenosynovitis, as identified 10/31/2011. The impression is documented as; carpal tunnel syndrome, injury to the median nerve, and tenosynovitis of the hand/wrist. Treatment plan included: appointment for possible surgical intervention, continue use of wrist brace, and Voltaren gel. Work status is described as not currently working. A primary care physician orthopedic evaluation dated May 20, 2014, documented that the injured worker after another consultation could benefit by surgery for the right wrist The pain is persistent, the grip problematic with poor strength, and essentially unchanged from previous examination. She still has mild allodynia of the right hand and wrist and mild swelling. The diagnoses are documented as carpal tunnel syndrome, DeQuervain's tenosynovitis, injury to the median nerve, and tenosynovitis of the right hand and wrist. The treatment plan includes refilling Voltaren, continue to wear wrist orthotic at night, and request authorization for right wrist surgery. Work status is documented as total temporary disability for another six weeks.According to utilization review performed June 18, 2014, there is no documentation of failure of conservative management for the right wrist including; medications, activity modification, cortisone injection and no documentation of EMG's to confirm the

reported diagnosis. Therefore, right wrist carpal tunnel release is non- certified. As the surgery was non-certified, the pre-op clearance and lab studies including chest x-ray, EKG, and pulmonary function test are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist carpal tunnel release [redacted]: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG hand chapter

Decision rationale: The medical records do not document that the patient has had adequate conservative treatment for carpal tunnel syndrome. There is no documentation of wrist injections or night splinting. There is no documentation of medications activity modification. Also there is no documentation neurophysiologic testing to confirm that the patient has a diagnosis of carpal tunnel syndrome. Criteria for carpal tunnel surgery not met. Therefore, the request for right wrist carpal tunnel release [redacted] is not medically necessary and appropriate.

Pre-operative clearance with Labs, X-rays, EKG, and PFT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.