

Case Number:	CM14-0128956		
Date Assigned:	08/18/2014	Date of Injury:	07/13/2011
Decision Date:	09/15/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/13/2014

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 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 42-year-old female who injured her bilateral wrists and hands as a result of cumulative trauma in a work related accident on 07/13/11. Medical records provided for review specific to the claimant's left upper extremity documented that examination on 05/07/14 revealed bilateral Tinel's and Phalen's testing as well as positive Finkelstein testing. The recommendation at that visit was to continue with a home exercise program and medication management for the diagnosis of carpal tunnel syndrome and De Quervain's tenosynovitis. The follow up report on 07/29/14 requested authorization for surgery based on failed conservative care. There was no documentation of a recent corticosteroid injection performed to the claimant's first dorsal extensor compartment. The report of electrodiagnostic studies dated 06/03/13 revealed evidence of mild right sided carpal tunnel syndrome findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Carpal Tunnel Release: 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 Page(s): 265,270.

Decision rationale: Based on California ACOEM Guidelines, the request for left carpal tunnel release is not recommended as medically necessary. ACOEM Guidelines recommend that carpal tunnel syndrome must be proven by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. The medical records document positive physical examination findings of carpal tunnel syndrome, but there is no current electrodiagnostic evidence of carpal tunnel syndrome. Without clinical correlation between electrodiagnostic testing and the claimant's current physical exam findings, the request for left carpal tunnel release is not recommended as medically necessary.

Left De Quervain's Release: Upheld

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

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

Decision rationale: California ACOEM Guidelines do not support the request for left De Quervain's release. ACOEM Guidelines indicate that only under usual circumstances of persistent pain and limited function would surgery be considered an option. The medical records do not contain any documentation of conservative treatment provided for the diagnosis of De Quervain's syndrome, including no documentation of recent corticosteroid injections having been performed. Without documentation of recent conservative treatment for the above diagnosis the request for a De Quervain's release cannot be recommended as medically necessary.