

Case Number:	CM14-0150533		
Date Assigned:	09/18/2014	Date of Injury:	05/12/2009
Decision Date:	10/17/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/16/2014

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 Georgia. 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 61-year-old female with a documented date of injury on May 12, 2009. The records provided for review included the clinical report of August 7, 2014, noting the chief complaint of symptomatic right greater than left wrist pain with numbness and tingling into the thumb, index and long fingers. The clinical report did not contain documentation of physical examination findings. The recommendation was for bilateral carpal tunnel release and right deQuervain's release procedure at the first dorsal extensor compartment. Looking at the documentation of physical examination findings on April 2, 2014, it was documented that the claimant had a positive right Finkelstein test, Phalen's and Tinel's testing at the wrist bilaterally. It was also documented that the claimant had failed conservative care including physical therapy and medication use. There was no documentation of prior injections particularly to the claimant's first dorsal extensor compartment. There were no reports of previous electrodiagnostic testing. This review is for bilateral carpal tunnel releases and right-sided first dorsal extensor release surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral carpal tunnel with right de Quervain's tenosynovitis release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265 and 271. Decision based on Non-MTUS Citation

ODG-TWC Carpal Tunnel Syndrome Procedure Summary, Indications for Surgery--Carpal Tunnel Release
ODG-TWC Forearm, Wrist, & Hand

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004); Forearm, Wrist and Hand: Chapter: 11, Page 265, 270-271.

Decision rationale: California ACOEM Guidelines do not recommend the request for bilateral carpal tunnel with right deQuervain's tenosynovitis release as medically necessary. ACOEM Guidelines recommend that carpal tunnel syndrome 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 provided for review do not contain any electrodiagnostic reports to support the diagnosis. In regards to the first dorsal extensor compartment release, there is no indication of a prior injection to the wrist. According to ACOEM Guidelines, de Quervain's release is only indicated after failing conservative care including injection therapy. The requested operative intervention in this case is not supported.

Pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The request for bilateral carpal tunnel with right de Quervain's tenosynovitis release is not recommended as medically necessary. Therefore, the request for preoperative medical clearance is also not recommended as medically necessary.

Post-operative physical therapy times 8 (bilateral wrists/right thumb): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for bilateral carpal tunnel with right de Quervain's tenosynovitis release is not recommended as medically necessary. Therefore, the request for postoperative physical therapy is also not medically necessary.