

Case Number:	CM14-0154570		
Date Assigned:	10/28/2014	Date of Injury:	12/16/2012
Decision Date:	12/12/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/22/2014

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:

This is a 33 year-old male with date of injury 12/16/12. He was initially treated for right wrist pain, and eventually had surgery on 2/3/14. Sometime following this uneventful procedure, he developed pain in the left wrist, for which treatment was then instituted. He was most recently seen on 7/3/14 with complaints of left wrist pain and weakness, and left hand paresthasias. Pain was described as being intermittent, moderate, and throbbing and sharp in nature. Pain was localized to the left flexor carpi radialis tendon region as well as the carpal tunnel. Pain increased with pressure and improved with rest. Conservative care included acupuncture, and a cortisone injection, which yielded no benefit. Exam findings included full range of motion in the elbow, wrist, and fingers, and an absence of atrophy of the thenar muscles. There was no tenderness anywhere in the hand, wrist, or forearm. Neurological examination showed no sensory deficits. An exam record dated 4/24/14 noted a positive Tinel/s at the left wrist for tingling in the middle, ring, and small fingers, A median nerve compression test was positive at 10 seconds. Phalen's test was positive. Tinel's was also positive at the left cubital tunnel for tingling in the middle, ring, and small fingers. Diagnostic impressions included: 1) Left carpi radialis tenosynovitis, status post cortisone injection, April 10, 2014, with persistent symptoms. 2) Left hand paresthasias, possible carpal tunnel syndrome. Medications: Tylenol and Advil. Treatment to date: acupuncture, steroid injection. An adverse determination was received on 9/4/14. The rationale for the denial was not included among the documents provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Release of the left flexor capiradialis: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (Forearm, Wrist and Hand Chapter) Other Medical Treatment Guideline or Medical Evidence: Wheelless' Textbook of Orthopaedics: Flexor Carpi Radialis Tendinitis

Decision rationale: CA MTUS supports surgical intervention for patients who have failed attempts at conservative care and have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. In addition, Wheelless' Textbook of Orthopaedics states that surgery for FCR tendinitis is indicated with failure of non-op treatment; the FCR tunnel should be decompressed. This patient has been under care for a left wrist and hand condition of approximately 10 month's duration. Conservative care has taken the form of acupuncture, plus Tylenol and OTC Advil. He had one cortisone injection, which was not beneficial. Symptoms included pain, weakness, and paresthesias. Physical findings included a positive Tinel's test at both wrist and elbow, a positive Phalen's test, and a positive median nerve compression test. No EMG/NCV results were documented. Since there was no thenar atrophy or motor weakness detected, urgent surgical intervention is not indicated. The patient did indeed have evidence of flexor carpi radialis tenosynovitis and, possible carpal tunnel syndrome. However, the guidelines stipulate that decompression is recommended when conservative care has failed. However, this patient had conservative care only in the form of OTC medications, acupuncture (number of treatments not mentioned), and a single cortisone injection. Moreover, electrodiagnostic studies, which might support a different surgical or therapeutic approach, have not yet been performed. Therefore, the request for Release of the left flexor carpi radialis is not medically necessary.