

Case Number:	CM14-0155456		
Date Assigned:	09/25/2014	Date of Injury:	04/15/2005
Decision Date:	10/27/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/23/2014

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 License. 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 53-year old female who sustained injuries to her neck and bilateral upper extremities in a work related accident on 04/14/05. The clinical records provide for review included electrodiagnostic studies on 06/14/10 that showed evidence of chronic C6 and C7 radiculopathy as well as "very mild" right median sensory mononeuropathy. The records also documented that the claimant is status post left carpal tunnel release and left trigger thumb release in 2008. The progress report dated 08/14/14 describes subjective complaints of numbness, stating the claimant has had no recent electrodiagnostic studies. Objectively, on examination there was catching of the left middle and ring finger, consistent trigger digit as well as positive Phalen's and Tinel's testing bilaterally. Based on the claimant's current diagnosis of a left ring trigger digit and right carpal tunnel syndrome, the recommendation was made for endoscopic right carpal tunnel release and a left trigger finger release. There is no documentation of recent or conservative care in regards to the trigger digit, including injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left finger trigger release QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 271.

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

Decision rationale: Based on the California ACOEM Guidelines, the request for left finger trigger release is not recommended as medically necessary. The clinical records provided for review do not identify any recent conservative care provided for the claimant's left ring finger, including prior injections. Without documentation of conservative care, including prior injection therapy, the request for Left finger trigger release QTY: 1 is not medically necessary.

Right endoscopic carpal tunnel release QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: California ACOEM Guidelines do not support the request for an endoscopic right carpal tunnel release procedure. The medical records provide the report of Electrodiagnostic studies dating back to 2010 that revealed only evidence of slight sensory mononeuropathy at the right median nerve as well as underlying C6 and C7 radiculopathy. Without clear Electrodiagnostic evidence of true carpal tunnel syndrome, the surgery for this individual, based on Electrodiagnostic studies from four years ago that only showed a sensory response with underlying chronic radiculopathy is not medically necessary.

Post op hand therapy QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The proposed surgery is not recommended as medically necessary. Therefore, the request for postoperative hand therapy is not recommended as medically necessary.