

Case Number:	CM14-0172638		
Date Assigned:	10/23/2014	Date of Injury:	10/17/2012
Decision Date:	12/02/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/20/2014

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 Plastic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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 patient is a 54 year old individual who sustained an injury dated 10/17/12 due to repetitive movements, such as, typing, filing, 10-key typing and lifting heavy boxes. The patient's past medical history was significant for sleep apnea and anxiety. Prior treatments included Tylenol 5-325 mg for pain, Effexor XR 150 mg tablet daily, Xanax, and occupational therapy (undated). The patient underwent right carpal tunnel release dated 4/4/14. The patient underwent open left carpal tunnel release dated 5/14/14. The patient had cortisone injection for de Quervain's dated 7/7/14. The patient previously had done well after injection for de Quervain's but this was recurring. X-ray of the bilateral wrists dated 9/16/13 documented negative exam. Left first compartment release is planned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Wrist First Dorsal Compartment Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Forearm, Wrist & Hand (updated 8/8/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271, 273.

Decision rationale: According to the ACOEM guidelines: Tendinitis (DeQuervain's), ganglion, or trigger finger: referral to surgeon only after patient education and conservative treatment, including splinting and injection, have failed .The records document that the patient has failed a steroid injection but has not had a trial of splinting. MTUS guidelines criteria are not met in this patient. Therefore, the request for left Wrist First Dorsal Compartment Release is not medically necessary and appropriate.

Post-Operative Occupational Therapy 3 Times A Week For 4 Weeks: 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.

EKG: CBC, CMP, PT/PTT: 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.

Post-Op Meds: Norco 10/325 Mg #1: 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.