

Case Number:	CM14-0020126		
Date Assigned:	06/11/2014	Date of Injury:	12/13/2011
Decision Date:	07/23/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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 General 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 49 year old female sustained an industrial injury to her left body noting injury to the left shoulder, elbow, wrist, hand and knee on 12/13/11. This allegedly was contributed to by a fall. She has had left shoulder surgery and on 3/13/12, had a left carpal tunnel release and left DeQuervain's release. It has been accepted that her right carpal tunnel syndrome and DeQuervain's release is a compensatory result. The requesting provider has requested authorization for a right carpal tunnel release and DeQuervain's release. The record speaks to a home exercise program, for the left postoperatively. Electrodiagnostic studies reported bilateral carpal tunnel syndrome with mild right ulnar sensory pathology. The patient has complained of continued pain with progressive weakness of the right hand and wrist. There is a positive Finkelstein's, Tinel's, and Phalen's sign. The request for right carpal tunnel and DeQuervain's release was denied on the basis that conservative management had not failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT CARPAL TUNNEL RELEASE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand/wrist, carpal tunnel syndrome, indications for surgery.

Decision rationale: The medical records provided are lacking documentation of a trial or failure of a trial of physical therapy, bracing, and purposeful activity modification. Medications are suggested but not definite. There is not documentation of nocturnal symptoms or a Flick sign, 2-point discrimination and thenar weakness is not noted. There has not been a steroid injection trial. Therefore this request is not medically necessary.

RIGHT DEQUEVAIN'S RELEASE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Arm and hand, DeQuervain's Surgery.

Decision rationale: DeQuervain's surgery is indicated after failure of at least three months of conservative management to include splinting and steroid injection. The majority of these patients where the injured worker has developed a DeQuervain's will respond to such conservative management. The records provided to this reviewer fail to document a trial or failure of a trial of conservative management. Therefore this request is not medically necessary.