

Case Number:	CM14-0020496		
Date Assigned:	04/30/2014	Date of Injury:	06/25/2004
Decision Date:	07/08/2014	UR Denial Date:	02/18/2014
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 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:

The claimant is a 44-year-old female, who was injured in a work related accident on June 25, 2004. The records provided for review included a January 24, 2014 progress report documenting ongoing complaints of right carpal tunnel and first dorsal compartment De Quervain's tenosynovitis. Physical examination on that date shows a positive Tinel's and Phalen's test, positive carpal compression test, diminished sensation in the median nerve distribution and positive Finkelstein's testing. It was documented in the progress report that the claimant did not wish nor did the physician recommend a corticosteroid injection of the wrist. It also noted that she has been treating with physical therapy, acupuncture and the recommendation was made for a right carpal tunnel release and first dorsal extensor compartment release. The report of electrodiagnostic studies dated September 6, 2013 identified mild right carpal tunnel syndrome. Additional records document conservative treatment also included medication management and work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT CARPAL TUNNEL RELEASE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270.

Decision rationale: Based on California ACOEM Guidelines, the request for carpal tunnel release is recommended as medically necessary. The records document that this individual has failed conservative care, has positive electrodiagnostic studies and physical examination findings demonstrating a clear diagnosis of carpal tunnel syndrome. The role of surgical release of the carpal tunnel would be supported as medically necessary.

RIGHT FIRST DORSAL COMPARTMENT RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Based on California ACOEM Guidelines, the request for first dorsal extensor compartment release is not recommended as medically necessary. ACOEM Guidelines indicate that under unusual circumstances of persistent pain, surgery could be an option for treating De Quervain's tenosynovitis. This individual, however, has not had all benefit of conservative care including previous injection therapy. While it is stated that the individual does not wish an injection, there is currently no documentation to indicate a clear contraindication to attempting an injection. Therefore, the specific request for this portion of the operative procedure would not be indicated.

POST-OP PHYSICAL THERAPY X 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, twelve sessions of physical therapy would not be supported. While carpal tunnel release procedure has been warranted in this case, the request for twelve postoperative sessions of therapy would exceed the Postsurgical Guidelines which would only recommend three to eight visits over a three to five week period of time following carpal tunnel release. Therefore, the request for postoperative physical therapy in this individual would not be indicated.