MAXIMUS Federal Services

Case Number:	CM14-0020880		
Date Assigned:	04/30/2014	Date of Injury:	10/25/2011
Decision Date:	07/08/2014	UR Denial Date:	02/03/2014
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 46-year-old female who was injured in a work related accident on October 25, 2011. January 11, 2014 follow-up report indicated continued complaints of bilateral hand pain with numbness and weakness. Physical examination demonstrated positive Tinel and Phalen testing as well as Finkelstein testing bilaterally. There was documentation of prior electrodiagnostic studies from September 19, 2013 demonstrating severe right carpal tunnel syndrome. Prior treatment has included a right trigger thumb corticosteroid injection with no documentation of specific treatment in regards to the claimant's diagnosis of De Quervain's tenosynovitis. It states at that time that the claimant is status a prior right carpal tunnel release procedure. It is unclear as to when the surgical process has taken place. There are recommendations for surgical intervention in the form of a carpal tunnel and first wrist dorsal extensor release to be performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RELEASE OF RIGHT CARPAL TUNNEL WITH RELEASE OF FIRST DORSAL WRIST EXTENSOR: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265,271.

Decision rationale: Based on California ACOEM Guidelines, the role of carpal tunnel release in association with right dorsal wrist extensor compartment release would not be indicated. Records in this case indicate the claimant received an injection for a diagnosis of trigger thumb, but no specific injection for her diagnosis of first wrist extensor compartment tenosynovitis. MTUS/ACOEM Guidelines indicate that surgery for De Quervain's tenosynovitis is only recommended on a limited basis in individuals who have failed considerable conservative care including injections. Furthermore, there is a lack of documentation of injection for the first dorsal extensor compartment which would not support the need of the proposed surgery in question. Therefore, the request for a right release of right carpal tunnel with release of first dorsal wrist extensor is not medically necessary and appropriate.

PRE - OPERATIVE MEDICAL CLEARANCE: 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- OPERATIVE MEDICATION INCLUDING KEFLEX 500MG #30 AND VICODIN 7.5/750MG: 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.