

<b>Case Number:</b>	CM14-0023754		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/05/2013
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 patient is a 45 year old male who was injured on 05/05/2013 as he sustained an industrial injury to the right wrist from a crush injury. Prior treatment history has included 8 sessions of physical therapy as documented in the support report dated 02/27/2014. A diagnostic studies reviewed include electrodiagnostic studies dated 06/19/2013 revealing: 1) Electroneurographic findings are indicative of mild to moderate bilateral carpal tunnel syndrome. 2) Electroneurographic indicators of ulnar neuropathy were not seen. 3) Electromyographic indicators of acute cervical radiculopathy were nor seen. A progress report dated 01/28/2014 documented the patient had complaints of bilateral hand pain. Objective findings on examination reveal tenderness at the left first dorsal compartment. There is a positive Finklestein's sign. There is pain with terminal flexion and there is a weak grip. Also there is tenderness at the right wrist first dorsal compartment. There is tenderness at the volar aspect of the wrist. There are positive Tinel and Finklestein's signs. There is pain with terminal flexion. There is dysesthesia of the radial digits. There is weak grip. Diagnosis: Right De Quervain's/carpal tunnel syndrome and Left carpal tunnel syndrome and left wrist De Quervain's tenosynovitis. Treatment Plan: The patient is instructed to contact the vendor and get his DME as this has been approved and the patient can take appropriate pharmaceutical agents for symptomatic relief. Follow up in four to six weeks. A utilization report dated 02/10/2014 states the request for right carpal tunnel and right De Quervain's release is not medically necessary due to a lack of evidence of conservative care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT CARPAL TUNNEL AND RIGHT DE QUERVAIN'S RELEASE: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm Wrist and Hand, de Quervain's tenosynovitis surgery.

**Decision rationale:** According to the CA MTUS guidelines, carpal tunnel syndrome CTS release is recommended when there are signs and symptoms of CTS confirmed with electrodiagnostic studies. According to the ODG, de Quervain's tenosynovitis surgery is recommended as an option if there are consistent signs and symptoms and failed three months of conservative care with splinting and injection. The medical records document the patient was diagnosed with right de Quervain's syndrome and carpal tunnel syndrome. The patient had received 8 sessions of physical therapy over 4 weeks. However, guidelines recommend at least 3 months of conservative treatment which includes physical therapy and local injections. In the absence of documented appropriate trial and failure of conservative treatment, the request is not medically necessary according to the guidelines.