

Case Number:	CM14-0034518		
Date Assigned:	06/20/2014	Date of Injury:	04/01/2010
Decision Date:	07/22/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/19/2014

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 California and is licensed to practice in Orthopedic Surgery. 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 68-year-old female who was injured on April 1, 2010. The medical records for review document an injury to the upper extremity due to cumulative trauma. The February 21, 2014 progress report notes continued right wrist pain and the examination revealed full flexion and extension and tenderness over the trapezial metacarpal joint with swelling. There was a positive grind test and deformity at the DIP of the right index, middle and ring finger. There were no other physical findings documented. The report of electrodiagnostic studies of the right upper extremity dated December 26, 2013 was normal. This review is regarding the request for a trapeziectomy with concordant carpal tunnel release of the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trapeziectomy and carpal tunnel release outpatient surgery right hand.: 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 (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 2710. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: forearm, wrist, hand procedure - Trapeziectomy.

Decision rationale: Based on California ACOEM Guidelines and the Official Disability Guidelines, the request for right hand trapeziectomy and carpal tunnel release cannot be recommended as medically necessary. The records document that the claimant is tender over the TMC joint, but there is no documentation prior conservative treatment provided for the symptoms. There is also no evidence from the report of the electrodiagnostic studies to support a diagnosis of carpal tunnel syndrome. The ACOEM Guidelines recommend clinical correlation between electrodiagnostic studies and the physical examination before proceeding with surgery. Therefore, the request for trapeziectomy and carpal tunnel release outpatient surgery right hand is not medically necessary and appropriate.