

<b>Case Number:</b>	CM14-0038253		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/30/2011
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Surgeon and is licensed to practice in Georgia and Texas. 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 injured worker is a 70-year-old male who reported an injury on 06/30/2011. The mechanism of injury was noted to be trauma. The prior treatments included chiropractic care, acupuncture, medications, bracing, activity modification, and a home exercise program. The injured worker underwent a nerve conduction study on 08/01/2013, which revealed the injured worker had electrical evidence of mild to moderate right carpal tunnel syndrome and mild left carpal tunnel syndrome. There was no electrical evidence of ulnar neuropathy of the cubital tunnel or Guyon's canal. The documentation of 11/27/2013 requested bilateral carpal tunnel releases. The documentation of 02/19/2014 revealed the injured worker had a positive Tinel's and Phalen's as well as decreased sensations in the bilateral hands. The injured worker had decreased range of motion. The diagnoses included bilateral De Quervain's and bilateral carpal tunnel syndrome. The treatment plan included a bilateral De Quervain's surgery along with preoperative clearance, initial postoperative therapy, and cool care. The injured worker had complaints of numbness and tingling in the bilateral upper extremities. The injured worker had difficulty gripping and grasping left greater than right. The injured worker had atrophy in the bilateral dorsal hand and wrist and tenderness to flexing and extension at the tendons.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral DeQuervain's release with possible tenosynovectomy/tenolysis: 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)- Forearm, Wrist and Hand Chapter- deQuervain's tenosynovitis surgery section.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264, 270, 271.

**Decision rationale:** The ACOEM Guidelines indicate that surgical consultation may be appropriate for injured workers who have red flags of a serious nature, failure to respond to conservative treatment, and have clear clinical and special evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. The initial care includes limited motion of inflamed structures with a wrist and thumb splint. The clinical documentation submitted for review indicated the injured worker had objective findings to support the diagnosis of carpal tunnel syndrome. The injured worker had objective electrodiagnostic findings of bilateral carpal tunnel syndrome. There was a lack of documentation indicating the injured worker was treated with a corticosteroid injection into the first extensor wrist compartment and the injured worker's response to the injection. There was documentation the injured worker had been treated with bracing; however, there was a lack of documentation indicating if the bracing was to treat the wrist or whether a thumb spica splint was utilized. Given the above, the request for Bilateral DeQuervain's release with possible tenosynovectomy/tenolysis is not medically necessary.

**Pre-operative medical clearance evaluation:** 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:** As the primary service is not supported, this associated service, Pre-operative medical clearance evaluation is not medically necessary.

**Postoperative physical therapy 2 times a week for 4 weeks following surgery (bilateral deQuervain's release):** 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:** As the primary service is not supported, this associated service, Postoperative physical therapy 2 times a week for 4 weeks following surgery (bilateral deQuervain's release) is not medically necessary.

**Cold therapy unit (CTU) for purchase:** 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:** As the primary service is not supported, this associated service Postoperative physical therapy 2 times a week for 4 weeks following surgery (bilateral deQuervain's release) is not medically necessary.