

Case Number:	CM14-0044308		
Date Assigned:	07/02/2014	Date of Injury:	07/28/2008
Decision Date:	08/05/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/11/2014

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 Texas and Georgia. 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 59-year-old female who reported injury on 07/28/2008. The mechanism of injury was the injured worker does a lot of artwork using glasses and had developed bilateral pain with numbness and tingling in both hands. The documentation of 02/12/2014 revealed the injured worker had bilateral upper extremity pain and difficulty working. The physical examination revealed the injured worker had bilaterally positive Tinel's and positive Phalen's dysesthesia in the median nerve distribution. The range of motion of the wrists bilaterally was within normal limits. The injured worker had a positive Finkelstein's test and was very tender in the 1st or 2nd compartment tendons. The injured worker had pain in the carpometacarpal joint (CMC) joint and it was associated with crepitation. X-rays of the bilateral hands were done, which showed a mild amount of CMC joint arthritis of the thumb joint and mild to moderate degenerative disease of the radiocarpal joint. There was no acute fracture. The diagnoses were bilateral carpal tunnel syndrome, bilateral 1st dorsal compartment tenosynovitis, and left hand CMC joint arthritis. The injured worker indicated she had nerve conduction studies. The treatment plan included, initially, injections of cortisone for the CMC joint of the left hand and for the deep vein tenosynovitis on bilateral hands. The treatment plan further indicated there would be a discussion for carpal tunnel surgery once the nerve conduction study report was made available to the physician. The subsequent documentation of 04/03/2014 revealed the injured worker had failed nonsurgical treatments. Additionally, it was indicated the injured worker had nerve conduction studies which were very clearly suggestive of bilateral carpal tunnel syndrome, left greater than right. A request again was made for carpal tunnel surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Hand Carpal Tunnel Surgery release, synovectomy, possible neurolysis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 164, 270, 273, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (Carpal Tunnel Syndrome Chapter).

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

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) Guidelines indicate that surgical consultations may be appropriate for injured workers who have a failure to respond to conservative management, have red flags of a serious nature, and who have clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. The injured worker had objective findings upon physical examination. However, there was a lack of documentation indicating the official results of the nerve conduction study to support the necessity for surgery. Given the above, the request for Left Hand Carpal Tunnel Surgery release, synovectomy, possible neurolysis is not medically necessary.

EKG for cardiac clearance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The guidelines used by the Claims Administrator are not clearly stated in the UR determination.

Post Operative physical therapy to left hand/wrist 3 x a week for 4 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The guidelines used by the Claims Administrator are not clearly stated in the UR determination.