

Case Number:	CM14-0049812		
Date Assigned:	07/07/2014	Date of Injury:	11/26/2012
Decision Date:	08/01/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/17/2014

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. 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 51-year-old female who reported an injury on 11/26/2012. The mechanism of injury was repetitive injuries. The injured worker's prior treatments included physical therapy, multiple trigger finger releases, carpal tunnel release, de Quervain's release, and nasal surgery. The injured worker underwent a nerve conduction velocity on 11/15/2013 which revealed the injured worker had mild bilateral demyelinating carpal tunnel syndrome. The physical examination dated 03/31/2014 revealed the injured worker had complaints of left thumb pain, numbness, and tingling. The injured worker had a tender A1 pulley nodule with obvious triggering. The injured worker had a positive carpal tunnel compression test to Tinel's. The diagnoses included left trigger thumb status post cortisone injections times 2 with recurrent symptomology and left carpal tunnel syndrome, as per electrodiagnostic study. The treatment plan included a left carpal tunnel release and a left trigger thumb release. These requests were previously denied as there was no documentation of conservative care, including injections for the left trigger thumb, and there was no documentation of conservative care for the left carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Carpal Tunnel Release: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) for Carpal Tunnel Syndrome regarding Carpal Tunnel Release (CTR).

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

Decision rationale: The ACOEM guidelines indicate that carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction test before surgery is undertaken. The clinical documentation submitted for review indicated the injured worker had positive findings on the physical examination and nerve conduction studies. As such, the request for carpal tunnel release would be medically necessary. Given the above, the request for a left carpal tunnel release is medically necessary.

Left Trigger Thumb Release: Overturned

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): 270-271.

Decision rationale: The ACOEM guidelines indicate that the treatment for trigger finger is 1 or 2 injections of lidocaine into or near the thickened area of the flexor tendon sheath of the affected finger are almost always sufficient to cure symptoms and restore function. The clinical documentation submitted for review indicated the injured worker continued to have triggering and had 2 injections with the recurrence of symptomology. Given the above, the request for left trigger thumb release is medically necessary.