

<b>Case Number:</b>	CM14-0060279		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/17/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Surgery, has a subspecialty in Hand 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 62-year-old female who reported injury on 10/17/2012. The documentation indicated the injured worker had undergone prior treatments of splinting and exercise. The documentation indicated that a cortisone injection for the treatment of de quervain's was offered, however, the injured worker declined as she had prior adverse reactions to steroids. The documentation indicated the injured worker underwent a right de quervain's tenosynovitis release and right carpal tunnel release on 04/29/2014. The injured worker underwent an Electromyogram (EMG) and Nerve Conduction Velocity Studies (NCV) on 12/19/2013 which revealed there was electroneurographic evidence of severe right median nerve entrapment at the wrist involving the motor and sensory fibers with demyelinating and axonal pathology. There was electrodiagnostic evidence of radial sensory neuropathy. The most recent documentation prior to the surgical intervention was dated 02/12/2014 which revealed the physician had reviewed the injured worker's EMG and NCV. There was no presence of a Request for Authorization form (RFA) or PR-2 submitted for the requested procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgery: Right wrist carpal tunnel release plus/minus flexor tenosynevectomy, plus/minus median neurolysis with right wrist De Quervain's release plu/minus tenosynovectomy and tenolysis: 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 rationale:** The American College of Occupational and Environmental Medicine (ACOEM) Guidelines indicate a referral for hand surgery consultation may be appropriate for injured workers who have red flags of a serious nature, failure to respond to conservative management, and 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. Additionally, they indicate that carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction studies. They further indicate that the majority of injured workers with de Quervain's syndrome will have a resolution of symptoms with conservative treatment. The clinical documentation submitted for review failed to provide a Request for Authorization form or PR-2 with an objective physical examination to support the necessity for the surgical intervention. The documentation indicated the injured worker had participated in splinting and exercise. However, the documentation further indicated the injured worker had not undergone treatment for de Quervain's with a steroid injection due to a prior reaction to steroids. Given the above and the lack of information, the request for surgery: right wrist carpal tunnel release plus/minus flexor tenosynovectomy, plus/minus median neurolysis with right wrist de Quervain's release plus/minus tenosynovectomy and tenolysis is not medically necessary.

**Course of supervised post op rehabilitative physical therapy 3 x week for four weeks total 12:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Cool Care CTU therapy unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG treatment guidelines online DME.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.