MAXIMUS Federal Services

Case Number:	CM14-0062262		
Date Assigned:	07/11/2014	Date of Injury:	05/24/2012
Decision Date:	08/13/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/05/2014

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 51-year-old female who reported injury on 05/24/2012. The prior treatments included medications, splinting and a corticosteroid injection. The documentation of 01/05/2014 revealed the injured worker had exquisite tenderness over the 1st extensor compartment which was a frank trigger finger with flexion and extension. The injured worker had a positive Phalen's, Tinel's, and Durkin's test. The assessment was the injured worker had carpal tunnel syndrome and stenosing tenosynovitis. The treatment plan included a tenosynovectomy of the middle finger and a carpal tunnel release. The subsequent documentation of 02/26/2014 revealed the injured worker had a positive Phalen's test, Durkin's and Tinel's. The treatment plan included treatment of the stenosing tenosynovitis surgically. It was documented the injured worker wished to proceed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Carpal Tunnel Release possible Endoscopic: 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-Treatment in Workers' Compensation, Online edition, Chapter: Carpal Tunnel Syndrome.

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), 2nd Edition, (2004) Guidelines indicate surgical consultations may be appropriate for injured workers who have red flags of a serious nature, failure to respond to conservative management, and 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 interventions. They indicate that carpal tunnel syndrome must be proved by positive findings on clinical examination with a supporting nerve conduction study. The clinical documentation submitted for review indicated the injured worker had objective findings upon examination. The injured worker had failed conservative care; however, there was a lack of documentation indicating the injured worker had undergone a nerve conduction study and if so the results of that study were not provided. Given the above, the request for left carpal tunnel release possible endoscopic is not medically necessary.