

Case Number:	CM14-0067858		
Date Assigned:	07/14/2014	Date of Injury:	12/14/2012
Decision Date:	09/17/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/13/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 30-year-old female who reported an injury to her right upper extremity. Right arthrogram of the right wrist dated 01/06/14 revealed thickening of the median nerve proximal to the carpal tunnel. Fraying was minimal at the TFCC. A clinical note dated 01/24/14 indicated the injured worker complaining of right forearm pain rated 9/10. The injured worker reported numbness in the hand. A wound was identified at the dorsal aspect of the distal forearm. Grip strength deficits were identified at the right hand. The initial clinical note dated 02/25/14 indicated the initial injury occurred when he was lifting a case of wheat that weighed 65 pounds and felt a pop in the right wrist. The injured worker completed 12 physical therapy sessions to date. A clinical note dated 03/18/14 indicated the injured worker continuing with symptoms associated with carpal tunnel syndrome on the right. The injured worker also reported findings consistent with DeQuervain tenosynovitis. Past medical history was significant for a release of the right first and second dorsal compartments with a synovectomy in 07/13. The injured worker also underwent right sided carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-release of the right first and second dorsal compartments with possible re-release of the right carpal tunnel performed at the same time: 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 request for Re-release of the right first and second dorsal compartments with possible re-release of the right carpal tunnel performed at the same time is non-certified. The injured worker complained of ongoing right wrist and hand pain. Carpal tunnel release is indicated for injured workers who have electrodiagnostic studies evidence confirming carpal tunnel syndrome symptoms and the injured worker has completed all conservative treatment. No information was submitted regarding electrodiagnostic studies confirming carpal tunnel findings or injections, activity modifications, or bracing. Given this, the request is not indicated as medically necessary.