

Case Number:	CM14-0074375		
Date Assigned:	08/08/2014	Date of Injury:	11/21/2013
Decision Date:	10/06/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/21/2014

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 Orthopedic Surgeon and is licensed to practice in New York. 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 patient is a 61-year-old female who sustained an injury to both wrists. She reports pain in the left wrist. Physical examination shows positive Finkelstein's test. There is a positive Tinel sign and a positive phalanx test bilaterally. Electrodiagnostic study dated March 27, 2014 showed severe bilateral carpal tunnel syndrome. The patient had physical therapy. At issue is whether left carpal tunnel release and left cheek remains relief from medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Carpal Tunnel Release and Left De Quervain's Release: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand Chapter.

Decision rationale: This patient does not meet establish criteria for left carpal tunnel release and left de Quervain's release. The medical records do not document an adequate trial and failure of conservative measures. Specifically an injection of corticosteroids into the carpal tunnel has not been conducted. Also there is no documentation of a trial of splinting. There is no clear

documentation of failure of conservative management for left wrist carpal tunnel syndrome and left de Quervain's condition. Conservative measures should include bracing, medications activity modification and cortisone injections. There is no documentation of cortisone injection for left de Quervain's condition. Guidelines for surgical management not met.

RN Evaluation for post-op Home Health Care: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand Chapter.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

CPM rental x 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand Chapter.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Purchase of a Combo-STIM Electrotherapy with Conductive Garment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand Chapter.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Purchase of a Motorize Cold Therapy Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand Chapter.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Post-op Physical Therapy Left Wrist x 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand Chapter.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.