

Case Number:	CM14-0190140		
Date Assigned:	11/21/2014	Date of Injury:	05/06/2014
Decision Date:	01/09/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/14/2014

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 Surgeon, has a subspecialty in Surgery of the Hand and is licensed to practice in Hawaii, Washington, and Maryland. 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 61-year-old male who reported an injury on 05/06/2014. The mechanism of injury was not provided. The diagnoses included osteoarthritis of the right wrist CMC joint and right carpal tunnel syndrome. The unofficial nerve conduction study performed on 03/11/2014 revealed abnormal right median motor with prolonged latency, a decreased amplitude and slowed conduction velocity. Normal bilateral ulnar motor. Abnormal bilateral medial radial sensory comparison with absent responses seen at the bilateral median studies with normal radio sensory. X-ray dated 02/03/2014 of the 2 views of the finger revealed severe degenerative changes of the bilateral wrist at the thumb CMC joints, right greater than the left do not appear significantly different. Medications included Hydrocodone/Acetaminophen and Naproxen. Objective findings dated 10/14/2014 revealed tenderness to palpation over the right hand, over the first carpometacarpal joint. Dorsal compartment tenderness and/or radial scaphoid tenderness. Durkan's was negative thumb at the metacarpophalangeal joint motion was 15 degrees of hyperextension to 60 degrees of flexion. Motor strength was 5/5 bilaterally. There was a 5 mm 2 point discrimination in all digits of the hand. Grip strength was 55 pounds on the right, 60 pounds on the left, pinch was 11 pounds bilaterally. The treatment plan included right carpal tunnel release. The request for authorization was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpel Tunnel Release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The request for right carpal tunnel release was not medically necessary. The California MTUS/ACOEM indicate that referral for a hand surgery consultation are indicated for patients who have red flags of a serious nature. Failure to respond to conservative management including work site modifications and have clear clinical and special studies evidence of a lesion that is shown to benefit, in both the short and long term from surgical intervention. Surgical considerations is dependent on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is considered, counseling regarding likely outcome risk and benefits and especially expectations is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. The documentation provided did not include the findings of a compression test, Semmes-Weinstein monofilament test was not documented. In addition, the documentation was not evident of failed conservative care which would include medication and physical therapy. The documentation was not evident of functional pain assessment, or the efficacy of the medication. The documentation indicated the patient was still working full duty. Therefore, the request for Right Carpel Tunnel Release is not medically necessary.