

Case Number:	CM14-0194555		
Date Assigned:	12/02/2014	Date of Injury:	02/06/2014
Decision Date:	04/07/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Neurological Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 67-year-old insulin dependent diabetic female cashier on 02/06/2014 reported left wrist and arm and hand pain after pushing a heavy metal podium with small wheels across a parking lot. According to a PR2 of 2/26/2014 she was given a wrist brace, was applying Biofreeze and given a tennis elbow strap. The PR2 of 03/26/2014 noted she was having pain at 6/10 in her left thumb and forearm. She had improved after two sessions of OT to her wrist and thumb and was working modified duty. A primary treating office visit dated 05/15/2014 applied the following diagnoses; left hand pain, left thumb injury and left lateral epicondylitis. She was to be referred for additional occupational therapy as well as diagnostic imaging of left wrist to rule out triangular fibrocartilage complex tears and or other ligamentous injuries. In addition to diabetes, her past medical history included obesity, hypertension, hypothyroidism, and asthma. She was taking mysoline, albuterol, Januvia, losartan, Lantus, atenolol, Lipitor, gabapentin and levothyroxine. She took Tylenol for pain. She underwent a corticosteroid injection of the left extensor wrist compartment. She was then prescribed Norco 5/325MG at time of sleep and placed on temporary total disability until 05/19/2014 with hopes of retrialing modified work duty. Her EMGs on 06/10/2014 were normal and nerve conduction times showed moderate carpal tunnel syndromes. X-rays on 07/11/14 of her bilateral elbows, wrists and hands were normal. On 10/27/2014 Utilization Review non-certified request for endoscopic surgical procedure, initial consultation, pre-operative laboratory study and electrocardiogram, post-operative medications, post-operative occupational therapy 12 sessions and Sprix Spray, noting the CA MTUS ACOEM Surgical Decision, Median Nerve, Carpal Tunnel Surgery, physical

therapy and the Official Disability Guidelines, Forearm/wrist, hand, DeQuervains and Carpal Tunnel Syndrome were cited. The injured worker submitted an application for independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endoscopic CTR dorsal compartment release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260, 271, 273.

Decision rationale: The California MTUS guidelines indicate that a carpal tunnel syndrome does not produce hand or wrist pain which this patient has had. The guidelines indicate that most patients with DeQuervain's improve with conservative treatment and do not require surgery. Moreover the guidelines indicate there is limited research to show the efficacy of surgery for DeQuervains and there is increased risk of radial nerve injury with surgery. Documentation does not show that this increased risk has been explained to the patient. The requested treatment: Endoscopic CTR dorsal compartmental release is not medically indicated and appropriate.

Sprix spray 15.75mg per spray 5 bottles with 8 sprays per bottle Post op medications: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Endoscopic CTR dorsal compartmental release is not medically indicated and appropriate, then the requested treatment: Sprix spray 15.75 mg per spray 5 bottles with 8 sprays per bottle Post op medications is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Endoscopic CTR dorsal compartmental release is not medically indicated and appropriate, then the requested treatment: Sprix spray 15.75 mg per spray 5 bottles with 8 sprays per bottle Post op medications is not medically necessary and appropriate.

PO OT 1 x 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Endoscopic CTR dorsal compartmental release is not medically indicated and appropriate, then the requested treatment: PO OT 12 visits is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Endoscopic CTR dorsal compartmental release is not medically indicated and appropriate, then the requested treatment: PO OT x 12 visits is not medically necessary and appropriate.

Comp metabolic panel, CBC & diff, hemoglobin A1c: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Endoscopic CTR dorsal compartmental release is not medically indicated and appropriate, then the requested treatment: Comp metabolic panel, CBC & diff, hemoglobin A1c is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Endoscopic CTR dorsal compartmental release is not medically indicated and appropriate, then the requested treatment: Comp metabolic panel, CBC & diff, hemoglobin A1c is not medically necessary and appropriate.

Internal consult to evaluate surgical competency: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Endoscopic CTR dorsal compartmental release is not medically indicated and appropriate, then the requested treatment: Internal consult to evaluate surgical competency is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Endoscopic CTR dorsal compartmental release is not medically indicated and appropriate, then the requested treatment: Internal consult to evaluate surgical competency is not medically necessary and appropriate.