

<b>Case Number:</b>	CM15-0007845		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	09/03/2010
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: Maryland, Virginia, North Carolina  
 Certification(s)/Specialty: Plastic 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:

The injured worker is a 47 year old female, who sustained an industrial injury on 09/03/2010. The diagnoses have included carpal tunnel syndrome and trigger finger. Treatments to date have included physical therapy, injections, and medications. Diagnostics to date have included an electromyography/nerve conduction studies on 08/19/2013 which showed evidence of mild right distal median neuropathy (carpal tunnel syndrome). In a progress note dated 05/12/2014, the injured worker presented with complaints of continued bilateral hand pain and has to open fingers herself. The treating physician reported this is clearly over use syndrome with new trigger finger diagnosis. Utilization Review determination on 12/31/2014 non-certified the request for Carpal Tunnel Release and Right DeQuervain's Release, Right Wrist citing Medical Treatment Utilization Schedule. Documentation from 12/4/14 was not provided for this review but was referenced in the UR. The patient is noted to have signs and symptoms of right carpal tunnel syndrome and right DeQuervain's tenosynovitis. However, the UR states that there is not sufficient documentation of conservative management including steroid injection, bracing and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carpal Tunnel Release and Right Dequarvains Release, Right Wrist: 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 for Workers' Compensation, Online Edition

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): page 270 and 271 and 272.

**Decision rationale:** The patient is a 47 year old with signs and symptoms of possible right carpal tunnel syndrome and DeQuervain's tenosynovitis. However, there was insufficient medical documentation of conservative management including splinting and consideration for steroid injection. The UR reviewer had spoken with the requesting surgeon who had said he was going to provide relevant documentation. This did not appear to be contained in the medical records for this review. As stated from page 272 From Table 11-7, initial treatment for both conditions is splinting following by consideration for steroid injection. Thus, surgical correction should not be considered medically necessary. Other relevant guidelines are from page 270 and 271: CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. (As stated above, conservative management should be documented prior to surgical intervention.) The majority of patients with DeQuervain's syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. Surgery, however, carries similar risks and complications as those already mentioned above (see A, Carpal Tunnel Syndrome), including the possibility of damage to the radial nerve at the wrist because it is in the area of the incision.