

Case Number:	CM15-0135588		
Date Assigned:	08/07/2015	Date of Injury:	09/16/2014
Decision Date:	09/09/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/14/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

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 59 year old female, who sustained an industrial injury on 9-16-14 Initial complaints were not reviewed. The injured worker was diagnosed as having thumb CMC joint degenerative joint disease left; joint pain-forearm; radial styloid tenosynovitis (de Quervain's) left; carpal tunnel syndrome-left. Treatment to date has included physical therapy; medications. Diagnostics studies included EMG/NCV study of the upper extremities (6-9-15). Currently, the PR-2 notes dated 6-15-15 indicated the injured worker presented to the office as a follow-up. Her symptoms involve the left wrist and left hand. She has a history of de Quervain's tenosynovitis, thumb CMC arthritis and possibly carpal tunnel syndrome. The provider documents diagnostic studies since the last visit include a NCS done to rule out carpal tunnel syndrome and resulted as a normal study. On this visit, she described tightness and pain in the left thumb, dorsal aspect. He has had a first dorsal compartment injection and CMC injection and reported both as helpful and documents a diagnosis of thumb CMC arthritis and doing well. She still has numbness at night involving all the fingers and worsens with driving. She considers her pain and numbness unacceptable and desires surgery for both. On physical examination of the bilateral forearms and bilateral elbows, reveal no deformities or abnormalities with no tenderness or abnormal range of motion. Examination of the left wrist and hand noted moderate tenderness to palpation at the first dorsal wrist compartment, range of motion is normal, Phalen's test is positive for the wrist and the Tinel's sign over the median nerve at the wrist is normal. Finkelstein's test is positive as well as the flick test. The left thumb and fingers examination notes no obvious abnormalities and palpation of the fingers and thumb have no tenderness, crepitation, warmth or palpable deformity. Sensory testing shows no deficits to light touch. The right wrist-hand, fingers, and

thumb are normal. She is scheduled for a left tendon sheath incision left first dorsal compartment scheduled 8-7-15. The provider is requesting authorization of Carpal Tunnel Release left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal Tunnel Release, Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 table 11-7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-270.

Decision rationale: This is a request for carpal tunnel release surgery. The injured worker has symptoms believed to be primarily due to constrictive first dorsal wrist compartment tendinopathy/de Quervains and basal thumb arthrosis. Electrodiagnostic testing performed on June 9, 2015 was normal with no evidence of carpal tunnel syndrome; distal median motor onset latency 3.2 ms, short segment sensory peak latency 1.7 ms, and sensory peak latency across the wrist 3.2 ms. There is no documentation of non-surgical treatment of presumed carpal tunnel symptoms, such as with neutral night splinting of the wrist or carpal tunnel corticosteroid injection. The objective evidence from the June 9, 2015 electrodiagnostic testing is that the patient does not have carpal tunnel syndrome. Therefore, the request is not medically necessary.