

Case Number:	CM15-0136144		
Date Assigned:	07/24/2015	Date of Injury:	04/11/2014
Decision Date:	09/24/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/15/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic 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 was a 47 year old male, who sustained an industrial injury, April 11, 2014. The injured worker previously received the following treatments wrist brace with abduction of the thumb, Ibuprofen, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities showed bilateral median neuropathy at the wrist moderate to severe on April 21, 2015, left hand MRI showed small intraosseous ganglion cyst within the third metacarpal head, Left wrist with flex-extension MRI on March 9, 2015, left elbow x-ray which showed degenerative marginal osteophyte off the coronoid process of the ulna. The injured worker was diagnosed with bilateral carpal tunnel release in 2014 and carpal tunnel syndrome with possible cervical radiculopathy. According to progress note of May 7, 2015, the injured worker's chief complaint was bilateral arm pain and neck pain. The tingling was improved but continued to have pain in both arms. The injured worker was right hand dominant. The physical exam noted the deep tendon reflexes were 2 plus bilaterally. The Tinel's sign was negative. The strength testing was 5 out of 5. The sensation was intact with pinwheel. The treatment plan included an exploration of the left wrist with release of the left De Quervain and release of the extensor pollicle longus and third compartment, TENS (transcutaneous electrical nerve stimulator) unit and supplies, a CTU (cold therapy unit), sling, exercise kit and brace with abducted thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exploration of left wrist release De Quervain, release of extensor pollicis longus and third compartment: 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, Forearm Wrist & Hand Chapter.

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

Decision rationale: CA MTUS/ACOEM Guidelines, Forearm, Wrist and Hand Complaints, page 265, states that DeQuervains tendinitis, if not severe, may be treated with a wrist-and-thumb splint and acetaminophen, then NSAIDs, if tolerated, for four weeks before a corticosteroid injection is considered. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervains tendinitis. In this case the exam notes do not demonstrate evidence of severe symptoms or failed conservative management including injection. Therefore the request is not medically necessary

Associated surgical service: TENs unit purchase with 3 months supply of electrodes: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Cold therapy unit purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Sling: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Exercise kit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Brace with abducted thumb: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.