

<b>Case Number:</b>	CM15-0142421		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	12/18/2013
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Oregon  
 Certification(s)/Specialty: Plastic Surgery, Hand 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 33 year old female who sustained an industrial injury on 12-18-13. Initial complaints and diagnoses are not available. Treatments to date include occupational and physical therapy, home exercise program, splints, right carpal tunnel release and right de Quervain's release. Diagnostic studies include electrodiagnostic studies of the bilateral upper extremities in 06-14, which was not available for review in the submitted documentation. Current complaints include wrist pain. Current diagnoses include bilateral carpal tunnel syndrome and right De Quervain's tenosynovitis. In a progress note dated 06-08-15 the treating provider reports the plan of care as left carpal tunnel release and left first dorsal compartment release and postoperative physical therapy. The requested treatments include left carpal tunnel release and left first dorsal compartment release and postoperative physical therapy to the left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left First Dorsal Compartment Release & Left Carpal Tunnel Release, Left Wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

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

**Decision rationale:** The carpal tunnel release is medically necessary. According to the ACOEM guidelines, Chapter 11, page 270, surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. This patient has significant symptoms of carpal tunnel syndrome, an exam consistent with carpal tunnel syndrome and positive electrodiagnostic studies for median nerve compression. Per the ACOEM guidelines, carpal tunnel release is medically necessary. Per the ACOEM guidelines, Chapter 11, page 266, 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. Per the ACOEM guidelines, Chapter 11, page 271, "The majority of patients with DeQuervains 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 DeQuervains 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." The records do not document a steroid injection for the left first compartment. Because medical necessity is not confirmed for both diagnoses, the entire request is not medically necessary.

**Post operative Physical Therapy, Left Wrist, 2 times wkly for 4 wks, 8 sessions:** 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.