

<b>Case Number:</b>	CM15-0190289		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	06/26/2008
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 38 year old male, who sustained an industrial injury on 6-28-2008. The injured worker was diagnosed as having bilateral De Quervain's tenosynovitis and bilateral carpal tunnel syndrome. Treatment to date has included diagnostics, acupuncture, chiropractic, paraffin wax therapy, cortisone injections, right shoulder surgery on 7-23-2015, and medications. On 6-09-2015, the injured worker complains of continuous bilateral wrist pain, rated 10 out of 10, described as "dull, stabbing, radiating, throbbing, tingling, burning, numbness". He reported radiation of pain to his fingers, cervical spine, back, and head. He reported no alleviating factors and that his condition was worsened. He also reported bilateral shoulder pain, rated 10 out of 10, described as "dull, stabbing, radiating, throbbing, burning, tingling, numbing". He reported radiation of pain to his hand, back, and cervical spine. He reported no alleviating factors and his condition as worsening. Treatments since 2-03-2015 were documented as "none". He reported no current medications. Exam noted Jamar testing on tests 1-3 at 5 pounds bilaterally, positive Tinel's, Phalen's and Finkelstein's bilaterally, swelling over the bilateral first dorsal compartment, and tenderness at the base of the bilateral thumbs. Electromyogram and nerve conduction studies of the upper extremities (11-11-2010) showed mild carpal tunnel syndrome bilaterally. The treating physician documented that "this procedure was approved in 2011", "his condition worsened since that time", and he "exhausted all his conservative treatment". The injured worker wished to proceed with surgery. His disability status was deferred to his primary

treating physician on 6-09-2015. Per the Request for Authorization dated 8-21-2015, the treatment plan included bilateral first dorsal compartment release and bilateral carpal tunnel release, non-certified by Utilization Review on 8-31-2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Bilateral First Dorsal Compartment Release: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand, surgery for de Quervain's tenosynovitis.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines and the ACOEM Guidelines do not specifically address this topic. Per ODG Guidelines, surgery for de Quervain's tenosynovitis is: "Recommended as an option if consistent symptoms, signs, and failed three months of conservative care with splinting and injection, de Quervain's disease causes inflammation of the tendons that control the thumb causing pain with thumb motion, swelling over the wrist, and a popping sensation. Surgical treatment of de Quervain's tenosynovitis or hand and wrist tendinitis/tenosynovitis without a trial of conservative therapy, including a work evaluation, is generally not indicated. The majority of patients with de Quervain's syndrome will have resolution of symptoms with conservative treatment." Although the medical records indicate that this patient has had this diagnosis for an extended period of time, the patient has had a recent and acute change in his level of pain. The patient had not received any conservative therapy to support the need for surgical intervention at this time. The patient's prior therapies were related to his former shoulder surgery. Recent medical records indicate that recent conservatives therapies are "none." Therefore, based on the submitted medical documentation, the request for bilateral first dorsal compartment release is not medically necessary.

#### **Bilateral Carpal Tunnel Release: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand, Carpal Tunnel Surgery.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines and the ACOEM Guidelines do not specifically address this topic. Per ODG Guidelines, surgery for carpal tunnel syndrome is: "Recommended after an accurate diagnosis of moderate or severe CTS. Surgery is not generally initially indicated for mild CTS, unless symptoms persist after conservative

treatment." Although the medical records indicate that this patient has had this diagnosis for an extended period of time, the patient has had a recent and acute change in his level of pain. The patient had not received any conservative therapy to support the need for surgical intervention at this time. The patient's prior therapies were related to his former shoulder surgery. Recent medical records indicate that recent conservative therapies are "none." Therefore, based on the submitted medical documentation, the request for bilateral carpal tunnel release is not medically necessary.