

Case Number:	CM15-0199212		
Date Assigned:	10/14/2015	Date of Injury:	01/15/2013
Decision Date:	11/23/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/09/2015

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 is a 53 year old female, who sustained an industrial injury on 1-15-2013. Medical records indicate the worker is undergoing treatment for complaints of ongoing right wrist pain, swelling and numbness. A recent progress report dated 9-1-2015, reported the injured worker complained of right upper extremity pain and right wrist swelling and pain. Physical examination revealed right wrist-hand tenderness over the first dorsal compartment, positive Finkelstein's test and a tender mass over the volar aspect of the right wrist. Right wrist magnetic resonance imaging from 2-2015 showed a septated volar radial carpal ganglion. A nerve conduction study (NCS) from 10-2014 showed right median neuropathy at the wrist and right radial sensory neuropathy. Treatment to date has included functional restoration program, physical therapy and medication management. The physician is requesting Right Endoscopic Carpal Tunnel Release, De Quervain's Release Right Wrist, Excision Volar Ganglion Cyst Right Wrist, electrocardiogram, CBC and CMP. On 9-30-2015, the Utilization Review non-certified the request for Right Endoscopic Carpal Tunnel Release, De Quervain's Release Right Wrist, Excision Volar Ganglion Cyst Right Wrist, electrocardiogram, CBC and CMP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Endoscopic Carpal Tunnel Release: Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case there is lack of evidence in the records of electrodiagnostic evidence of carpal tunnel syndrome and a lack of evidence of failed bracing or injections. Therefore, the request is not medically necessary.

De Quervain's Release Right Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: CA MTUS/ACOEM Guidelines, Forearm, Wrist and Hand Complaints, page 265, states that DeQuervain's 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 DeQuervain's 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

Excision Volar Ganglion Cyst Right Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: According to the CA MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand conditions, page 271, ganglion excision is recommended after aspiration has failed to resolve the condition. As the exam notes do not demonstrate an attempt at aspiration, the request is not medically necessary.

Associated Surgical Service: EKG: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated Surgical Service: CBC with CMP: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.