

Case Number:	CM15-0020839		
Date Assigned:	02/10/2015	Date of Injury:	04/24/2013
Decision Date:	04/01/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/04/2015

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

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 with an industrial injury dated 04/24/2014. Her diagnoses include right carpal tunnel syndrome. Recent diagnostic testing has included a MRI of the right wrist (11/17/2014) showing mild tendinitis and tendinosis involving the extensor carpi ulnaris, and electrodiagnostic study of the right upper extremity (06/25/2014) showing evidence of medial sensory neuropathy in the right wrist. She has been treated with conservative care, medications, and injections. In a progress note dated 12/04/2014, the treating physician reports evidence of extensor carpi ulnaris tendinitis confirmed by exam and MRI, as well as carpal tunnel syndrome confirmed by a nerve conduction study, which have both failed conservative treatments. The objective examination findings included decreased grip strength in the right hand, and it was recommended that the injured worker undergo a right carpal tunnel release with release of the right 'sixth' dorsal compartment. The treating physician is requesting right 5th dorsal compartment release which was modified by the utilization review. On 01/09/2015, Utilization Review modified a request for right 5th dorsal compartment release to the approval of right 6th compartment release, noting that the clinical discussion of this case clarifies that the request is for the 6th dorsal compartment release and not the 5th. The ODG Guidelines were cited. On 02/04/2015, the injured worker submitted an application for IMR for review of right 5th dorsal compartment release.

IMR ISSUES, DECISIONS AND RATIONALES

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

right 5th dorsal compartment release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation Forearm, Wrist, & Hand Procedure Summary.

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand Complaints, page 270, Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature. Fail to respond to conservative management, including worksite modifications. Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case the exam note from 12/4/14 does not demonstrate any evidence of red flag condition or clear lesion in the 5th compartment of the wrist to benefit from surgical intervention. Therefore the determination is for non-certification.