

Case Number:	CM15-0031267		
Date Assigned:	02/24/2015	Date of Injury:	07/23/2012
Decision Date:	04/13/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/19/2015

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 was a 43 year old male, who sustained an industrial injury, July 23, 2012. The injured was sustained when a bin door swung closed and the injured workers right hand and right wrist were in the way. The right hand began to hurt and swell. The injured worker sought medical care. X-rays were taken and appeared to be normal. The injured worker was given a right hand/wrist brace and sent home. Electrodiagnostic studies from 6/24/14 demonstrates mild carpal tunnel syndrome. Exam 7/9/14 demonstrates two point discrimination was equal bilaterally. According to progress note of December 1, 2014, the injured workers chief complaint was right hand pain. The injured worker was unable to extend the 5th proximal joint. The injured worker was right hand dominant. The pain in the right hand was aggravated by the cold weather. The injured worker had moderate pain with lifting and gripping with the right hand. The physical exam noted tenderness over the 5th digit A-1 pulley, with no locking of the finger. The injured worker was diagnosed with right hand contusion, right carpal tunnel syndrome, curling of the 5th digit on the right hand. The injured worker previously received the following treatments toxicology laboratory studies, physical therapy, occupational therapy, brace for the right hand/wrist, MRI of the right hand March 7, 2014 and EMG (electromyography) of the right hand June 24, 2014. December 1, 2014, the primary treating physician requested authorization for right carpal tunnel release, right small trigger finger release and tenosynovectomy of the right hand; to be done at the Center for Orthopedic surgery or Conejo Surgery Center. January 27, 2015, the Utilization Review denied authorization for right carpal tunnel release, right small trigger finger release and tenosynovectomy of the right hand; to be done at the Center for

Orthopedic surgery or Conejo Surgery Center. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release, Right Small Finger Trigger Release and Tenosynovectomy at Right Hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome chapter.

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 are 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 1/1/14 does not demonstrate any evidence of red flag condition or clear lesion shown to benefit from surgical intervention. The EMG from 6/24/14 demonstrates mild carpal tunnel syndrome. There is no evidence of injection into the right small finger A1 pulley or evidence of triggering. Therefore the determination is for non-certification.