

Case Number:	CM15-0033861		
Date Assigned:	02/27/2015	Date of Injury:	11/10/2014
Decision Date:	04/13/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/23/2015

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: Minnesota, Florida

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 54 year old female, who sustained an industrial injury on 11/10/2014. The diagnoses have included DeQuervain's Tenosynovitis, left wrist, and Carpal Tunnel Syndrome, left wrist. Treatment to date has included bracing, modified duty and medications. Currently, the IW complains of persistent left thumb and wrist pain along with some numbness along the thumb and index finger. She also states that she has difficulty moving the thumb and holding objects with the left hand secondary to pain and numbness. Objective findings included positive Finkelstein and positive Phalen's test of the left wrist. Magnetic resonance imaging (MRI) of the left wrist dated 12/15/2014 showed thinning and tearing of the extensor pollicis brevis and abductor pollicis longus tendons along with significant fluid accumulated along the tendon sheath. On 2/02/2015, Utilization Review non-certified a request for left carpal tunnel release and left DeQuervain's release noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service, including lack of adequate conservative measures prior to request. The MTUS, ACOEM Guidelines and ODG were cited. On 2/23/2015, the injured worker submitted an application for IMR for review of left carpal tunnel release and left DeQuervain's release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Surgical decompression of the median nerve usually relieves carpal tunnel syndrome symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of carpal tunnel syndrome. The documentation submitted for review does not include a nerve conduction study with confirmation of the diagnosis of carpal tunnel syndrome. Therefore the request for a carpal tunnel release is not supported. Furthermore, there is insufficient evidence of conservative treatment as required by guidelines. Given the foregoing, the request for a left carpal tunnel release is not supported and the medical necessity of the request has not been substantiated.

Left DeQuervains release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264,271. Decision based on Non-MTUS Citation Official Disability guidelines (ODG).

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

Decision rationale: With regard to de Quervain's syndrome, the guidelines indicate the majority of patients 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 de Quervain's tendinitis. Surgical considerations for de Quervain's syndrome are necessary only after patient education and conservative treatment including injection and splinting have failed. Although a corticosteroid injection is not indicated due to the partial tearing, splinting needs to be documented before surgical considerations. The documentation does not indicate splinting and as such, the medical necessity of the request for de Quervain's release has not been substantiated.