

<b>Case Number:</b>	CM14-0142123		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59-year-old gentleman who sustained an injury as a result of repetitive activities at work on 07/31/13. The medical records provided for review document a current diagnosis of DeQuervain's tenosynovitis, carpal tunnel syndrome, and right ring finger Dupuytren's contracture of the right upper extremity. The progress report dated 06/26/14 revealed physical examination findings of positive Phalen's testing and positive Finkelstein's testing of the right wrist. There was no electrodiagnostic report of the upper extremities in the records for review. Conservative care also is not documented including any prior injection treatment of the claimant's first dorsal extensor compartment. This review is for dorsal extensor compartment release and carpal tunnel release procedure of the right upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right dorsal compartment release right, carpal tunnel release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 271.

**Decision rationale:** Based on California ACOEM Guidelines, the request for right dorsal compartment release and right carpal tunnel release is not recommended as medically necessary. ACOEM Guidelines recommend for carpal tunnel surgery that the diagnosis should be supported by both physical examination findings and electrodiagnostic studies. The clinical records do not include the results of any electrodiagnostic studies having been performed. Without the results of electrodiagnostic studies to confirm the diagnosis, the right carpal tunnel release portion of the operative process would not be indicated. With regard to first dorsal extensor compartment release, the ACOEM Guideline recommend that conservative care should be utilized and failed before proceeding with operative intervention. The clinical records presently fail to document what conservative care has been trialed including injection therapy of the first dorsal extensor compartment. The request for surgery is not recommended as medically necessary.