

Case Number:	CM15-0012550		
Date Assigned:	01/30/2015	Date of Injury:	09/03/2010
Decision Date:	03/23/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/21/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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:

This 47 year old female sustained a worker related injury on 09/03/2010. According to a progress report dated 12/04/2014, the injured worker continued to have right hand numbness/tingling and pain around her right thumb. Diagnoses included carpal tunnel syndrome, trigger finger and De Quervain's tenosynovitis; right wrist carpal tunnel and De Quervain's. Treatment plan included right wrist endoscopic carpal tunnel release and right wrist De Quervain's release. Electrodiagnostic studies from 8/19/13 note a mild right carpal tunnel syndrome. In December 2013, the patient is noted to have undergone steroid injection for bilateral hand pain without improvement. It is unclear the exact location of the injection. On 5/29/14 the patient is noted to have improved. On 12/31/2014, Utilization Review non-certified carpal tunnel release and right De Quervain's release right wrist. According to the Utilization Review physician, there was no evidence in the medical reports submitted that the injured worker had exhausted immobilization, physical therapy and corticosteroid injections prior to the proposed surgery. The Utilization Review physician spoke with the provider who stated that the injured worker had exhausted splinting, formal therapy and injections and that he would fax the addendum with this information. However, the information was not received. Guidelines cited for this review included CA MTUS ACOEM Forearm, Wrist and Hand Complaints and the Official Disability Guidelines. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal tunnel release and right dequarvains release, right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272 273.

Decision rationale: The patient is a 47 year old with signs and symptoms of right carpal tunnel syndrome and right de Quervain's tenosynovitis. Some conservative management had been performed, including medical management, activity restriction and previous injection in 2013 (however, the specifics of the injection is not clear including the exact location of the injection). In addition, at that point in time, the patient did not carry a diagnosis of de Quervain's tenosynovitis. From ACOEM, Table 11-7, splinting is first-line conservative treatment for carpal tunnel syndrome and de Quervain's, which had not been documented. In addition, corticosteroid injection into the carpal tunnel of mild to moderate cases after failure of splinting and medication is recommended. The guidelines do recommend early surgical intervention for severe cases of carpal tunnel syndrome. There is not clear evidence that this is a severe condition, as the electrodiagnostic studies reported a mild condition. A corticosteroid injection is also recommended into the tendon sheath in de Quervain's after failure of splinting. Thus, without clear documentation of splinting and specific steroid injection for each diagnosis, the procedures should not be considered medically necessary.