

Case Number:	CM15-0117463		
Date Assigned:	06/25/2015	Date of Injury:	09/19/2011
Decision Date:	09/09/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/18/2015

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, Indiana, Oregon
 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 55 year-old female who sustained an industrial injury on 09/19/11. She is status post anterior cervical spine discectomy and fusion with repeat MRI of 08/21/14 revealing anterior fusion at C5-6 and C6-7 with moderate to severe neuroforaminal narrowing at left C5-7 and mild to moderate neuroforaminal narrowing at C6-7 bilaterally. Current diagnoses include left shoulder periscapular strain, tendinitis and impingement, left elbow medial and lateral epicondylitis with dynamic cubital tunnel syndrome per EMG/NCV studies 10/10/14, bilateral carpal tunnel syndrome; mild to moderate on the right and mild on the left, bilateral wrist/forearm flexor/extensor tendinitis, and right De Quervain's syndrome. Treatment to date includes pain medication, injection, and wrist splint. She reports bilateral wrist/forearm pain with numbness and tingling to the fingers that is increased with gripping and grasping, and decreased with bracing and medication. She experiences flare-ups to the left elbow and left shoulder. In a progress report dated 03/27/15, examination of the bilateral wrists/forearms reveals tenderness to palpation over the right first extensor compartment as well as over the bilateral flexor and extensor tendons. Finkelstein's test is positive on the right; Tinel's sign and Phalen's test are positive bilaterally eliciting radicular symptoms from the first to fourth fingers in a median nerve distribution; range of motion is decreased. The injured worker has a history of hypertension, thyroid disorder, joint pain, depression, and headaches. Treatment recommendation includes right carpal tunnel release and right De Quervain release. Date of Utilization Review: 06/10/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) right carpal tunnel release and right DeQuervain's release: Upheld

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

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

Decision rationale: CA MTUS/ACOEM Guidelines, Forearm, Wrist and Hand Complaints, page 265, states that DeQuervains tendinitis, if not severe, may be treated with a wrist-and-thumb splint and acetaminophen, then NSAIDs, if tolerated, for four weeks before a corticosteroid injection is considered. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervains tendinitis. In this case the exam note from 3/27/15 does not demonstrate evidence of severe symptoms or failed conservative management. Therefore the request is not medically necessary.

One (1) pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Unknown post-op physical therapy visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Eighteen (18) visits of home health care assistance for 4 hours a day and 3 days a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

One (1) cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.