

Case Number:	CM15-0122454		
Date Assigned:	07/06/2015	Date of Injury:	12/30/2013
Decision Date:	08/11/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/25/2015

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, Hand Surgery, Sports Medicine

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 57-year-old female who sustained an industrial injury on December 30, 2013. She has reported injury to the shoulders, elbows, and bilateral hands and wrist and has been diagnosed with right shoulder impingement syndrome, rotator cuff tendinitis, carpal tunnel syndrome left wrist, carpal tunnel right wrist, DeQuervain syndrome right wrist, and DeQuervain syndrome left wrist. Treatment has included medications, medical imaging, bracing, modified work duty, and physical therapy. There was tenderness over the AC joint, anterior acromion, and greater tuberosity. Impingement test to the right shoulder was positive. There was tenderness of the right and left wrist. Phalen test, Tinel test, and Durken test was positive bilaterally left greater than right. Finkelstein was positive bilaterally, right greater than left. The treatment request included a left carpal tunnel release with distal forearm fasciotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel release with distal forearm fasciotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter updated 05/11/2015.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-270. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed Pages 1929 - 1948.

Decision rationale: This is a combined request for carpal tunnel release and forearm fasciotomy. In this case, the injured worker's symptoms are widespread and only a minority could be attributed to carpal tunnel syndrome. The California MTUS suggests electrodiagnostic testing be performed to support the diagnosis of carpal tunnel syndrome; records indicate that was performed, but the results of the testing were not forwarded for review. Forearm fasciotomy is performed for compartment syndrome, which is not discussed in the California MTUS, but is discussed in detail in the specialty text referenced. There is no history, examination findings or test results consistent with a diagnosis of compartment syndrome and forearm fasciotomy is not medically necessary and appropriate.