

<b>Case Number:</b>	CM15-0033492		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California

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 66 year old, female patient, who sustained an industrial injury on 10/01/2013. An orthopedic second opinion visit dated 01/08/2015 reported the patient not having had any treatment for her thumb pains; as she is requesting surgical release of the right carpal tunnel, which is worse than left. She is diagnosed with bilateral carpal tunnel syndrome and bilateral De Quervain's syndrome. Of note, she has had De Quervain's in both sides but worse on the right and stated she wants to treat that at the same time she fixes her carpal tunnel. Physical examination found bilateral arms with both Phalen and Tinel test positive. Finkelsteins' is also positive bilaterally; worse on the right. The plan of care involved work status with a maximum of 5 pounds lifting, limits at grip, push, pull, climb, crawl and carry until the day of surgery when she will become temporarily totally disabled. A request was made for a right carpal tunnel and De Quervain's release surgical procedure. On 01/19/2015, Utilization Review, non-certified the request, noting the CA MTUS/ACOEM Guidelines, Chapter 11, pages 270-71 was cited. On 02/23/2015, the injured worker submitted an application for independent medical review of requested services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Carpal Tunnel and De Quervain's Release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand Complaints, page 270:Referral for hand surgery consultation may be indicated for patients who:-Have red flags of a serious nature. Fail to respond to conservative management, including worksite modifications. Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits and, especially, expectations are very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case, the exam note from 1/8/15 does not demonstrate any evidence of red flag condition or clear lesion shown to benefit from surgical intervention. There is lack of conservative care given to either the carpal tunnel complaints or De Quervain's. Therefore, the determination is for non-certification.