

Case Number:	CM15-0061711		
Date Assigned:	04/07/2015	Date of Injury:	03/24/2014
Decision Date:	05/12/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	04/01/2015

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 37-year-old female with symptoms attributed to the cumulative effects of a desk job between 2006 and 2014. The patient reports dull aching pain in both wrists, hands and fingers with numbness and tingling in both hands and fingers, constant upper and mid back pain with numbness, tingling and muscle spasms, constant dull aching low back pain with sharp stabbing sensations and pain radiating into both lower extremities and numbness and tingling in her feet. Evaluation has included bilateral wrist MRI, thoracic spinal MRI, lumbar spinal MRI, wrist x-rays, upper and lower extremity electrodiagnostic testing, cardiorespiratory diagnostic testing, blood work and sudomotor function assessment. Treatment to date has included medications, injections, diagnostics and physical therapy. Currently, as per the physician progress note dated 2/9/15, the injured worker complains of bilateral wrist pain with numbness and tingling which was worse on the right than the left side. Physical exam of the wrists/hands revealed positive Phalen and reverse Phalen signs bilaterally with decreased grip strength, distal radius tenderness, and decreased two point discrimination noted over both hands. On the right wrist there was tenderness noted and positive Finkelstein test was noted. The physician noted that the injured worker has had extensive conservative management including medical and physical therapy but continues to be significantly symptomatic. She is unable to do her home exercise program or regular daily activities. Impressions include carpal tunnel syndrome, cervical disc displacement, cervicalgia, brachial neuritis/radiculitis, pain in thoracic spine, thoracic/lumbosacral neuritis/radiculitis, sprains and strains of neck, sprains and strains of lumbar spine, spasm, thoracic strain, wrist strain, lumbar disc protrusion, hand joint pain,

hypertension, lumbar myospasm and lesion of ulnar nerve. The request is for right carpal tunnel release, De Quervain's release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release, De Quervain's 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): 258-271.

Decision rationale: In this case, the majority of the reported symptoms are inconsistent with a diagnosis of carpal tunnel syndrome or deQuervain's. For example, the neck, back and lower extremity symptoms cannot be attributed to either diagnosis. The CA MTUS notes that traditional findings of carpal tunnel syndrome have limited diagnostic value and recommends the diagnosis be supported by electrodiagnostic testing. In a case such as this with the majority of symptoms being unrelated to carpal tunnel syndrome or deQuervain's, it is critical both that the diagnosis is clearly established and an estimate of the symptoms reasonably attributed to carpal tunnel syndrome and deQuervain's be established by appropriately maximizing conservative treatment. Reports reviewed indicate electrodiagnostic testing was performed, but the results of that testing are not provided in the 183 pages of records submitted. The records reviewed do not document appropriate non-surgical treatment with night splinting for carpal tunnel syndrome and injections for both carpal tunnel syndrome and the deQuervain's. The CA MTUS notes on page 271 that, "the majority of patients with deQuervain's syndrome will have resolution of symptoms with conservative treatment." Multiple studies have shown that the short-term improvement following carpal tunnel injection correlates well with the long-term relief following carpal tunnel release surgery in patients who ultimately undergo surgery, and therefore patients without good short-term relief are poor candidates for surgery. Therefore, the records reviewed do not adequately support the diagnoses or document that appropriate non-surgical treatment has been performed and therefore the requested surgeries are determined to be not medically necessary and appropriate.