

Case Number:	CM15-0098743		
Date Assigned:	06/03/2015	Date of Injury:	04/15/2014
Decision Date:	07/01/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/21/2015

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: 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 (IW) is a 58-year-old female who sustained an industrial injury on 04/15/2014. Diagnoses include right carpal tunnel syndrome status post release, left carpal tunnel syndrome and left deQuervain's tenosynovitis. Treatment to date has included medications and physical therapy. According to the progress notes dated 4/27/15, the IW reported her right wrist was doing well, but she was getting some pain in the middle and index fingers. The left wrist was still bothering her quite a bit; authorization was pending for endoscopic carpal tunnel release and deQuervain's tenosynovitis release. The notes stated electromyography performed on 2/20/15 of the left upper extremity was positive for mild carpal tunnel syndrome. On examination, the right wrist incision was well healed, and some tenderness was present in the volar area of the middle finger and the more proximal area of the finger as well as the index finger. The left wrist had positive Finkelstein's sign and positive tendon slide over the median nerve. A request was made for EMG of the right upper extremity and left DeQuervain's release.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, 178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel.

Decision rationale: CA MTUS/ACOEM is silent on the issue of EMG/NCV testing. According to the ODG, Carpal tunnel section, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS)." In this case, there is no evidence of neurologic deficits in the cited records from 4/27/15 to warrant NCS or EMG. Therefore, the determination is not medically necessary.

Left DeQuervain's release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7, 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, deQuervain's tenosynovitis surgery section.

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 "DeQuervain's 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 DeQuervain's tendinitis. In this case the exam note from 4/27/15 does not demonstrate evidence of failed conservative management notably injection. Therefore, the determination is not medically necessary.