

Case Number:	CM14-0006173		
Date Assigned:	03/03/2014	Date of Injury:	10/17/2011
Decision Date:	06/27/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/16/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54-year-old female custodian sustained an industrial injury on 10/17/11 relative to lifting a trash can at work. The 7/23/12 upper extremity EMG/NCV was reported as normal. Co-morbidities included clinical depression. The 9/30/13 orthopedic hand surgeon report cited subjective complaints of constant grade 8/10 right and grade 7/10 left thumb and dorsal wrist pain radiating to the lateral and medial aspects of her elbow and shoulder, with numbness and tingling the three central digits, right greater than left and some thumb numbness. There were complaints of the ring fingers getting stuck at times with pain, grip weakness, and constant swelling of the hands. Physical exam findings documented no measurable upper extremity atrophy, significant weakness bilateral grip, intrinsic and thenar strength within normal limits, range of motion within normal limits, no triggering or crepitation at proximal flexor tendon pulleys, and negative Tinel's, Phalen's, and Finkelstein's. X-rays of the hands were symmetrical and within normal limits. There was a significant discrepancy documented between the patient's very severe subjective complaints and the absence of objective findings on exam. The treatment plan recommended a three-phase bone scan of both upper extremities. The 12/4/13 orthopedic surgeon report cited subjective complaints of pulsating severe bilateral shoulder, upper arm, elbow, forearm, wrist, hand, thumb and finger pain, with numbness, tingling, and weakness in the arms/hands. She reported swelling, locking, giving way, pain at night and pain at rest. Physical exam findings relative to the hands/wrists documented positive Tinel's, Phalen's, and Finklestein's tests, with decreased sensation over the thumb, index and middle digits bilaterally. The diagnosis was bilateral carpal tunnel syndrome and bilateral DeQuervain's's. The patient had failed conservative measures including bracing, physical therapy, and injections. The treatment plan recommended staged right and left carpal tunnel releases and staged right and left

first dorsal compartment releases. The patient was provided new thumb spica splints for both hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT RIGHT CARPAL TUNNEL RELEASE: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS/ACOEM guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. The Official Disability Guidelines recommend carpal tunnel release surgery after an accurate diagnosis of moderate or severe carpal tunnel syndrome, including electrodiagnostic testing. Guideline criteria have not been met in this case. Electrodiagnostic studies were reported as normal. Therefore, the request for out-patient right carpal tunnel release is not medically necessary and appropriate.

PRE OPERATIVE 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.

COLD THERAPY UNIT (CTU): 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.

POST OPERATIVE PHYSICAL THERAPY THREE (3) TIMES A WEEK TIMES TWO (2) WEEKS TO THE RIGHT HAND: 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.