

Case Number:	CM13-0034422		
Date Assigned:	12/11/2013	Date of Injury:	08/08/2012
Decision Date:	04/14/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/15/2013

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 61-year-old female with a date of injury on 08/08/2012. Patient has been treated for ongoing symptoms in her right wrist and right ring finger. Subjective complaints are of triggering and locking in the right finger. Complaints also of pain in the right hand, wrist and palm that awakes her at night. Patient also complaints right hand is numb. Physical exam shows good range of motion in the fingers, thumb, wrist and elbow. On 9/11/13 exam there is a positive Final Determination Letter for IMR Case Number [REDACTED] Tinel's on the left, but not on the right. Phalen's test was equivocal with discomfort, but no specific paresthesia. Exam of 10/15/12 shows positive Tinel's and Phalen's of the right hand and wrist. Tenderness is present at the base of the right ring finger with triggering. Electromyography/nerve conductive study (EMG/NCV) tests showed bilateral moderate median mononeuropathies with carpal tunnel syndrome (CTS), right carpal tunnel ultrasound showed carpal tunnel syndrome. Patient has previously had two cortisone injections for her trigger finger, which provided some relief. Patient had also been provided wrist splints, and work restriction. Documentation mentions physical therapy, but details of duration or efficacy was not provided. Patient has not received a steroid injection for her carpal tunnel symptoms. Medications include Vicodin, Temazepam, Tylenol, and aspirin.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT CARPAL TUNNEL RELEASE, TRIGGER RELEASE FOR RIGHT RING FINGER: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 273. Decision based on Non-MTUS Citation OFFICAL DISABILITY GUIDELINES (ODG) CARPAL TUNNEL, CARPAL TUNNNEL RELEASE SURGERY

Decision rationale: CA MTUS recommends surgical intervention for severe CTS confirmed by nerve conduction velocity. Surgery should only be considered after education, conservative treatment, including splinting and injection have failed. The ODG recommends carpal tunnel release after an accurate diagnosis of moderate or severe CTS. Surgery is not generally initially indicated for mild CTS, unless symptoms persist after conservative treatment. ODG has specific criteria for carpal tunnel release for mild/moderate carpal tunnel syndrome. The finding that this patient has meets these criteria. Patient's specific criteria fulfilling findings are nocturnal symptoms, numbness and tingling, positive Phalen's and Tinel's, positive electrodiagnostic testing showing moderate carpal tunnel syndrome, and failure of conservative treatments for over one month. The trigger release would be done in conjunction to this surgery as to not continue to exacerbate the carpal tunnel. This patient meets the specific ODG criteria for a carpal tunnel release procedure, and is considered medically necessary.

12 SESSIONS OF POST-OP PHYSICAL THERAPY: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: CA MTUS postsurgical guidelines recommend physical medicine for 3-8 visits over 3-5 weeks for carpal tunnel release, and for trigger finger 9 visits over 8 weeks. Therefore, the request for 12 therapy sessions would fit the combined recommended visits for these procedures. Therefore, due to compliance with the recommended guidelines, the physical therapy is medically necessary.

PRE-OP H&P, EKG & CBC: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 PERIOPERATIVE CARDIOVASCULAR EVALUATION.

Decision rationale: Guidelines recommend perioperative cardiovascular evaluation and care for non-cardiac surgery in patients that are over 50 years of age. This patient is 61 year old and

guidelines would recommend history and physical and cardiac evaluation to determine risk status for surgery. Therefore, the requested history/physical, EKG, and CBC are medically necessary.