MAXIMUS Federal Services

Case Number:	CM14-0001192		
Date Assigned:	01/22/2014	Date of Injury:	02/12/2013
Decision Date:	06/19/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/03/2014

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 Hand Surgery and is licensed to practice in Texas. 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 injured worker is a 58-year-old female who reported an injury on 02/12/2013. The exact mechanism of injury of was not provided. The injured worker underwent an electromyography/nerve conduction velocity (EMG/NCV) study on 09/19/2013, which revealed that there was electrodiagnostic evidence of moderate right and mild left median mononeuropathy at the level of the wrist (carpal tunnel). There was no electrodiagnostic evidence of peripheral neuropathy or distal mononeuropathy involving the ulnar nerves or radial nerves. The injured worker underwent a right carpal tunnel release and middle and ring finger trigger finger releases on 10/25/2013. The documentation of 12/09/2013 revealed that the injured worker was requesting continued therapy and wanted to discuss surgical dates for the left carpal tunnel syndrome and left index, middle, and ring finger trigger digits. The objective physical examination revealed that the injured worker had catching without locking on the index, middle, and ring fingers of the left hand. There was significant tenderness to palpation at the level of the A1 pulleys of each of the involved digits with palpable nodules along the flexor tendon sheath. The Tinel's test was positive on the left with paresthesias distally in the median innervated digits. The Carpal compression test was mildly positive. The diagnoses were left carpal tunnel syndrome and left index, middle, and ring finger trigger digits and six (6) weeks status post right open carpal tunnel release and right middle and ring trigger digits releases with good results. The treatment plan included left-sided surgeries.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT WRIST CARPAL TUNNEL RELEASE: Upheld

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): 270-271.

Decision rationale: The MTUS/ACOEM Guidelines indicate that surgical consultations are appropriate when there are clear clincial and special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. For carpal tunnel syndrome, carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction studies before surgery is undertaken. There should be documentation of failure to respond to conservative management. The clinical documentation submitted for review failed to indicate the type of and duration of the conservative care that was provided, as well as, the injured worker's response to the conservative treatment for the left wrist. The injured worker had positive findings upon physical examination and nerve conduction studies. Given the above, the request for a left wrist carpal tunnel release is not medically necessary.

LEFT INDEX, MIDDLE AND RING FINGER TRIGGER DIGIT RELEASES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Compensation, Online Edition, Chapter: Forearm, Wrist, and Hand (updated 03/22/12).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The MTUS/ACOEM Guidelines indicate that referral to a hand surgeon for consultation is appropriate for injured workers who have red flags of a serious nature, have a failure to respond to conservative management including worksite modifications, and 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. There should be documentation of one or two (1 or 2) injections of corticosteroids prior to surgical intervention. The injured worker had catching without frank locking in the index, middle and ring fingers along with tenderness to palpation at the level of the A1 pulleys of each involved digit. The clinical documentation submitted for review failed to indicate that the injured worker had a failure to respond to conservative management. There was a lack of documentation indicating the injured worker had injections and, if the injured worker had injections, the response to the injections. Given the above, the request for a left index, middle, and ring finger trigger digit releases are not medically necessary.

POST OPERATION THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE LEFT WRIST, LEFT INDEX, MIDDLE AND RING FINGERS:

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

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.