

Case Number:	CM14-0009546		
Date Assigned:	02/14/2014	Date of Injury:	11/08/2012
Decision Date:	06/24/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/23/2014

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 57 year old male who was injured on 11/08/2012 related to repetitive activity sustaining an injury to his wrists and hands. The patient underwent a right wrist carpal tunnel syndrome on 11/30/2012. The EMG findings show positive for carpal tunnel syndrome. The clinic note dated 12/19/2013 reports the patient presents with complaints of pain in the bilateral hands. He state the pain is better with creams. On exam, his range of motion of the right shoulder exhibits flexion to 160; extension to 40; abduction to 160; adduction to 40; internal rotation to 50 and external rotation to 50. Range of motion of the right shoulder elicited pain in all planes. The wrist/hands revealed Tinel's sign and Finkelstein test is positive for the patient right wrist. There is mild left thumb trigger finger. Range of motion on right reveals flexion to 30; extension to 30; radial deviation to 10 and ulnar deviation to 10. Range of motion of the right wrist elicited pain in all planes. Grip strength using Jamar dynamometer on the 2nd notch setting reveals the following: 35 kg on the right and 40 kg on the left. The patient is diagnosed with right wrist De Quervain's syndrome, right wrist carpal tunnel syndrome by EMG, right thumb trigger finger, and left thumb trigger finger. The patient has been recommended for surgery on the right wrist as an outpatient for carpal tunnel release. The clinic note dated 10/15/2013 indicates the patient presents with continuous hand and wrist pain. The pain aggravates with repetitive flexion, grasping, gripping, pushing, pulling, and when opening jars and bottles. The patient complains of numbness and tingling sensation, weakness, and loss of grip. He rates his pain as 5/10. On exam, there is evidence of a well-healed volar linear scar at the right wrist status post carpal tunnel release trigger finger. There is tenderness at the bilateral flexor tendons. The range of motion of the wrists and hands are normal. Tinel's, Phalen's and compression tests are positive on the right side; Negative Tinel's and 1-minute flexion. At the radial nerve at the elbow, there is no tenderness over BR, resisted supination with elbow

extended and resisted MF extension. Pulses are palpable and regular. The palpatory exam reveals no point tenderness over to the wrist/forearm. There is no point tenderness over any joint or shaft of fingers. There is intermittent triggering noted over the index finger and thumb of the left hand. Finkelstein's is negative. CMC grinding test is negative bilaterally. Grip strength is 36, 35, 30 on the right and 30, 28, 32 on the left. Prior UR dated 01/17/2014 states the request for an EKG, chest x-ray, pre-operative labs, carpal tunnel release is non-certified as there is no EMG for review, no objective findings, or information regarding conservative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT 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): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute and Chronic), Carpal tunnel release surgery (CTR)

Decision rationale: As per CA MTUS/ACOEM guidelines, CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. In this case, this patient is status post right carpal tunnel release on 11/30/2012. A most recent progress report dated 12/19/2013 indicates that the patient complains of persistent pain in bilateral hands that is better with creams. On physical exam, there was positive Tinel and Finkelstein test for the right wrist. There was mild left thumb trigger finger. ROM of right wrist was decreased with pain in all planes. Right hand grip strength was 35 kg, left hand 40 kg. The patient was diagnosed with right wrist de Quervain's syndrome, right wrist carpal tunnel syndrome by EMG, and bilateral thumb trigger finger. No formal EMG/NCV report was submitted for review but there is documentation on a progress report dated 10/15/2013 that indicates the EMG/NCV studies was done on 04/03/2013 which was positive for carpal tunnel syndrome, but there is no mention of the severity of the results whether it was mild, moderate, or severe. The records submitted for review do not document that patient has tried and failed an initial course of conservative care prior to consider surgery. The records only document that the patient is working in a modified duty capacity and using creams. However, there is no documentation that the patient has tried and failed night wrist splint, corticosteroid injection, or home exercise program as required per the ODG. As such, the request for right carpal tunnel release is not medically necessary and appropriate at this time.

PREOPERATIVE LABS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 11 - FOREARM, WRIST, HAND COMPLAINTS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative lab testing

Decision rationale: The CA MTUS do not discuss the issue in dispute and hence ODG have been consulted. As per ODG, preoperative lab testing is recommended; however, without the approval of the surgery, the request for preoperative labs is not considered medically necessary.

CHEST X-RAY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Preoperative testing, general

Decision rationale: The CA MTUS do not discuss the issue in dispute and hence ODG have been consulted. As per ODG, preoperative testing such as chest radiograph is recommended; however, without the approval of the surgery, the request for chest x-ray is not considered medically necessary.

ELECTROCARDIOGRAM (EKG): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative electrocardiogram (ECG)

Decision rationale: The CA MTUS do not discuss the issue in dispute and hence ODG have been consulted. As per ODG, EKG is not recommended for low risk procedures. Also, without the approval of the surgery, the request for EKG is not considered medically necessary.