

<b>Case Number:</b>	CM14-0010561		
<b>Date Assigned:</b>	03/14/2014	<b>Date of Injury:</b>	01/29/2010
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 55-year-old female who has submitted a claim for Wrist Tend/Burs and Carpal Tunnel Syndrome associated with an industrial injury date of January 29, 2010. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of numbness, tingling, and weakness in the right wrist and hand. She had reduction of functional capacity and limitations in her activities of daily living due to her wrist and hand pain. She had difficulty gripping, grasping, lifting, pushing, and pulling. Pain was severe at night and awakened her due to pain and discomfort. On physical examination, there was decreased range of motion and decreased grip strength noted over the right wrist. Tenderness was noted over the distal radius and carpals over the right side. Phalen's and reverse Phalen's signs were positive. Treatment to date has included medications, physical therapy, and chiropractic care. Utilization review from December 20, 2013 denied the request for right carpal tunnel release and right wrist ulnar shortening osteotomy because there was no evidence of a recent comprehensive non-operative treatment protocol trial and failure.

### 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 Page(s): 270.

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

**Decision rationale:** According to pages 270-271 of the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Practice Guidelines referenced by California Medical Treatment Utilization Schedule (MTUS), referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature or have failed to respond to conservative management, including worksite modifications. In addition, guidelines state that before surgical decompression of the median nerve is undertaken, carpal tunnel syndrome (CTS) must be proven by positive findings on clinical examination and the diagnosis should be supported by nerve conduction tests. Furthermore, guidelines state that patients with mild symptoms display the poorest postsurgery results while patients with moderate or severe CTS have better outcomes from surgery. In this case, an appeal dated January 3, 2014 stated that an magnetic resonance imaging (MRI) of the right wrist (undated) revealed avascular necrosis along the ulnar articular surface of the lunate and that neurodiagnostic studies of the bilateral upper extremities (undated) revealed carpal tunnel syndrome on the right. However, the actual MRI and neurodiagnostic reports were not submitted in the records for review and results were merely stated in the appeal letter. The appeal further stated that the patient had been unresponsive to conservative treatment along with oral pain medications. However, there was no documentation of trial and failure of other conservative measures such as activity modification, work site modification, or wrist splinting. The criteria were not met. Therefore, the request for right carpal tunnel release is not medically necessary.

**RIGHT WRIST ULNAR SHORTENING OSTEOTOMY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 270.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Ulnar Shortening Surgery, Triangular Fibrocartilage Complex (TFCC) Reconstruction.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) does not specifically address ulnar shortening surgery or triangular fibrocartilage complex (TFCC) reconstruction. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that TFCC reconstruction is recommended as an option. TFCC tear reconstruction with partial extensor carpi ulnaris tendon combined with or without ulnar shortening procedure is an effective method for post-traumatic chronic TFCC tears with distal radioulnar joint instability. In this case, an appeal dated January 3, 2014 stated that an magnetic resonance imaging (MRI) of the right wrist (undated) revealed avascular necrosis along the ulnar articular surface of the lunate. However, the actual MRI report was not submitted in the records for review and results were merely stated in the appeal letter. There was also no discussion regarding the rationale for the requested procedure. Therefore, the request for right wrist ulnar shortening osteotomy is not medically necessary.

