

Case Number:	CM14-0012767		
Date Assigned:	02/21/2014	Date of Injury:	08/24/2011
Decision Date:	07/24/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/31/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Plastic and Reconstructive Surgery and is licensed to practice in Maryland, Virginia and North Carolina. 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 physician 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.

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 53-year-old female who has filed a claim for DeQuervain's tenosynovitis associated with an industrial injury date of August 24, 2011. The submitted progress notes were all from 2012. As per utilization review dated January 13, 2014, the patient was noted to have moderate carpal tunnel syndrome and cubital tunnel syndrome on EMG testing. The report was not provided. The patient was also noted to have positive median and ulnar nerve provocative testing. Treatment to date has included NSAIDs, elbow splinting, and right first dorsal compartment release for De Quervain's tenosynovitis. Utilization review from January 13, 2014 denied the requests for right carpal and cubital tunnel release, pre-op comprehensive history and physical examination, post-operative 12 physical therapy sessions, and post-op sugar-tong splint to be made in-house as there was no documentation of the EMG to confirm ulnar and median neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT CARPAL & CUBITAL TUNNEL RELEASE: Upheld

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

Syndrome chapter, Carpal tunnel release surgery (CTR); Elbow chapter, Surgery for cubital tunnel syndrome (ulnar nerve entrapment).

Decision rationale: The California MTUS does not specifically address this topic. 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. According to ODG, carpal tunnel release surgery is recommended after an accurate diagnosis of moderate to severe carpal tunnel syndrome. For severe carpal tunnel syndrome, indications include muscle atrophy and severe weakness of the thenar muscles, two-point discrimination test > 6 mm, and positive electrodiagnostic testing. For other cases, indications include symptoms - nocturnal symptoms, flick sign, abnormal Katz hand diagram scores; at least two of the following - compression test, Semmes-Weinstein monofilament test, Phalen sign, Tinel's sign, decreased 2-point discrimination, or mild thenar weakness; initial conservative treatment, at least 3 of the following - activity modification > 1 month, night wrist splinting > 1 month, analgesic medications, home exercise training, or successful outcome from corticosteroid injection trial; and positive electrodiagnostic testing. For cubital tunnel syndrome, simple decompression is recommended in most cases. Surgical transposition of the ulnar nerve is not recommended unless the ulnar nerve subluxes on ROM of the elbow. Initial conservative treatment including strengthening exercises, activity modification, medications, and use of a pad/night split for at least 3 months is necessary prior to surgery. In this case, there are no submitted progress notes and electrodiagnostic testing results that document the presence of carpal and cubital tunnel syndrome. Therefore, the request for right carpal and cubital tunnel release was not medically necessary.

PER OPERATIVE COMPREHENSIVE HISTORY AND PHYSICAL: 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: The dependent request of right carpal and cubital tunnel release has been deemed not medically necessary; therefore, all the associated services, such as the request for pre-operative comprehensive history and physical, is likewise not medically necessary.

POST OPERATIVE 12 PHYSICAL THERAPY SESSIONS: 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: The dependent request of right carpal and cubital tunnel release has been deemed not medically necessary; therefore, all the associated services, such as the request for post operative 12 physical therapy sessions, is likewise not medically necessary.

POST OP SUGAR - TONG SPLINT TO BE MADE IN - HOUSE: 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: The dependent request of right carpal and cubital tunnel release has been deemed not medically necessary; therefore, all the associated services, such as the request for post op sugar-tong splint to be made in-house, is likewise not medically necessary.