

Case Number:	CM14-0013448		
Date Assigned:	02/26/2014	Date of Injury:	03/15/2012
Decision Date:	06/26/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/03/2014

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 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:

This 66-year-old female cashier sustained an industrial injury 3/15/12 due to repetitive work activities. Injuries were reported to the cervical spine, both shoulders, both knees and both wrists. Past medical history was positive for bilateral carpal tunnel syndrome in 1989 that resolved with conservative treatment, without residuals. The 10/9/12 right upper extremity electrodiagnostic study findings were reported consistent with mild right carpal tunnel syndrome. The 1/10/13 bilateral upper extremity electrodiagnostic results were reported as normal. She underwent right knee arthroscopic partial medial and lateral meniscectomies and chondroplasty on 6/28/13. The 12/17/13 treating physician report cited increased left upper extremity discomfort with colder weather and increased use. Left wrist exam findings noted flexor compartment and carpal canal tenderness, positive Phalen's and median nerve compression sign, and negative Tinel's. Left thumb exam findings documented basal joint tenderness, positive grind sign, satisfactory range of motion, and no instability or pain with stressing. The relevant diagnoses included bilateral carpal tunnel syndrome, and bilateral thumb basal joint degenerative joint disease. The treatment plan recommended left wrist surgery including carpal tunnel release and thumb basal joint arthroplasty. The 1/15/14 utilization review denied the surgical request based on an absence of sensorimotor nerve conduction velocity of the median nerve at the wrist, documented failure of conservative treatment to the carpal tunnel and basal joint, and imaging studies documenting osteoarthritis at the base of the thumb. The 2/10/14 AME report documented left wrist/hand physical exam findings of no deformity of the left hand/digits, positive Phalen's and grind tests, no wrist or hand tenderness to firm palpation, and intact sensation. Upper extremity range of motion and strength was symmetrical. The relevant diagnoses were carpometacarpal joint arthritis, left thumb, and resolving bilateral carpal tunnel syndrome. The treatment plan

recommended carpal tunnel release in the future, if symptoms became intolerable, and recommended carpometacarpal joint surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT WRIST SURGERY INCLUDING CARPAL TUNNEL RELEASE AND THUMB BASAL JOINT ARTHROPLASTY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, Forearm, wrist and hand, Carpal tunnel release surgery (CTR), Arthroplasty, finger and/or thumb (joint replacement)

Decision rationale: Under consideration is a request for left wrist surgery including carpal tunnel release and thumb basal joint arthroplasty. The California Medical Treatment Utilization Schedule guidelines do not provide recommendations for thumb surgeries or carpal tunnel release in chronic injuries. The Official Disability Guidelines (ODG) recommend carpal tunnel release surgery after an accurate diagnosis of moderate or severe carpal tunnel syndrome, including electrodiagnostic testing. The ODG state that total joint arthroplasty of the thumb CMC joint has proven to be efficacious for the treatment of stage III and early stage IV osteoarthritis of the (CMC) carpometacarpal joint in older patients with low activity demands. Guideline criteria have not been met. The most recent electrodiagnostic study findings were reported normal, with no evidence for carpal tunnel syndrome. There is no evidence that the patient had stage III or IV osteoarthritis of the CMC joint, records document a diagnosis of osteoarthritis but not the severity of these findings. There were no x-ray reports available for review. Detailed comprehensive nonoperative treatment protocols had not been fully evidenced. Therefore, this request for left wrist surgery including carpal tunnel release and thumb basal joint arthroplasty is not medically necessary.

PREOPERATIVE MEDICAL EVALUATION/CLEARANCE: 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: Since the primary procedure is not med necessary, none of the associated services are medically necessary.

DURABLE MEDICAL EQUIPMENT (DME): 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: Since the primary procedure is not med necessary, none of the associated services are medically necessary.

POST OPERATIVE PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS (2X6):
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: Since the primary procedure is not med necessary, none of the associated services are medically necessary.