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| <b>Case Number:</b>   | CM14-0014657 |                              |            |
| <b>Date Assigned:</b> | 02/28/2014   | <b>Date of Injury:</b>       | 10/17/2001 |
| <b>Decision Date:</b> | 06/27/2014   | <b>UR Denial Date:</b>       | 01/31/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/05/2014 |

### 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 American Board of Orthopaedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate that this 44 year old individual was injured in October 2001. A previous request noted bilateral carpal tunnel release, de Quervain's tenosynovitis and preoperative evaluation were not certified in the preauthorization process. There have been frequent requests for multiple medications and clinical evaluations over a number of years. Prior surgical intervention involving low back and both knees is noted. The progress note dated January 27, 2013 noted possible neuritis and regional pain syndrome. A follow-up note in September, 2013 includes a problem list which notes nerve pain in the left lower extremity, back pain, knee pain, foot pain and left wrist pain. (The left wrist was reportedly injured after a fall unrelated to the compensable event.) The medications capsaicin and Neurontin did not ameliorate the symptomology. Current treatment at this time includes H wave, TNS, and independent exercise protocol. The physical examination noted a 5'11", 214 pound individual who had pain at the base the right thumb secondary to stress of the radial carpal ligament. A psychiatric note indicates evidence of poor self-esteem.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BILATERAL CARPAL TUNNEL RELEASE AND LEFT THUMB CMC JOINT ARTHROPLASTY WITH FCR TENDON TRANSFER: 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): 265.

**Decision rationale:** The multiple medical records presented for review note a complaint of pain in the base of the thumb upon stressing the radio carpal ligament. However, there is no imaging data presented to suggest that there is an osteoarthritis or other pathology that would warrant surgical intervention. Therefore, based on the lack of clinical information there is insufficient data to support the intervention. Furthermore, with respect to the carpal tunnel syndrome, there is no indication of a moderate or severe compressive mononeuropathy involving the median nerve. Again, this lack of clinical information would not support the proposed surgical intervention.

**ONE (1) EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are medically necessary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are medically necessary.

**Decision rationale:** Since the primary procedure is not medically necessary, the associated services are medically necessary.

**LAB TEST INCLUDING METABOLIC PANEL AND CBC:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are medically necessary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**Decision rationale:** Since the primary procedure is not medically necessary, the associated services are medically necessary.

**EIGHT (8) PHYSICAL THERAPY VISITS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are medically necessary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 265.

**Decision rationale:** Since the primary procedure is not medically necessary, the associated services are medically necessary.