

<b>Case Number:</b>	CM14-0125298		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	02/05/2004
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Surgeon, has a subspecialty in Hand Surgeon and is licensed to practice in Texas. 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 injured worker is a 56-year-old female who reported injury on 02/05/2004. The mechanism of injury was overuse. The medications were not provided. The injured worker underwent a right carpal tunnel release in 04/2005 and left carpal tunnel release in 09/2005. Prior treatments included splinting and acupuncture. The injured worker had an ultrasound of the bilateral wrists on 02/21/2013 demonstrating evidence of bilateral carpal tunnel release with mild recurrence and right extensor carpi radialis inflammation. The injured worker underwent an EMG and nerve conduction study on 03/28/2013 which revealed a normal study on the left and mild right carpal tunnel syndrome on the right. The documentation of 07/02/2014 revealed the injured worker had complaints of bilateral forearm, wrist and hand pain that was described as achiness and soreness with associated numbness and tingling extending mainly into the thumb, index and middle fingers, left greater than right. The physical examination revealed a slight flattening of the thenar eminence of both hands. There was no evidence of swelling or deformity. There was localized tenderness to palpation over the forearm/wrist flexor greater than extensor tendons with increased pain around the extremes of passive wrist ranging and with resisted movements. There was localized tenderness to palpation over the wrist 1st extensor compartments bilaterally. The Tinel's sign over both carpal tunnels was positive for radiating paresthesia extending to the thumb, index and middle fingers, left greater than right side. The Phalen's test was positive for numbness and tingling extending in the same distribution left greater than right side. The Finklestein's test was positive bilaterally. Range of motion of the wrist were decreased. The Jamar grip strength was 10/9/9 kg on the right major hand and 7/8/7 kg on the left minor hand. There was decreased sensation over the bilateral hand median nerve distributions. The diagnoses included bilateral wrist De Quervain's tenosynovitis, history of right shoulder pain symptomatic, bilateral forearm/wrist overuse flexor/extensor tendinitis with history of right carpal tunnel

release 04/2005 and left carpal tunnel release 09/2005. The treatment plan included repeat bilateral wrist carpal tunnel releases with possible flexor tenosynovectomy and neurolysis left side first and bilateral wrist De Quervain's releases with possible tenosynovectomy and tenolysis left side first. The injured worker failed to improve with previous conservative treatments including bracing, acupuncture, home exercise program and activity modifications. The injured worker received bilateral wrist injections with previous primary treating physician which offered short term benefit. Additionally, authorization was requested for preoperative medical clearance, initial postoperative therapy and continuous Cold Therapy Unit purchase. There was a rationale for the request. There was a detailed Request for Authorization submitted to support the request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Repeat bilateral wrist carpal tunnel releases with possible flexor tenosynovectomy and neurolysis, left side first:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates surgical consultations may be appropriate for injured workers who have red flags of a serious nature, failure to respond to conservative management including work site modifications and have clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. Additionally, carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction test before surgery is undertaken. The clinical documentation submitted for review indicated the injured worker had undergone conservative treatment. The injured worker was noted to have undergone injections and bracing as well as acupuncture and a home exercise program. There were objective findings upon nerve conduction studies to support the necessity for a right carpal tunnel release. There was a lack of documentation indicating objective findings upon nerve conduction studies to support the necessity for a left carpal tunnel release. As such, the request in its entirety is denied. Given the above, the request for repeat bilateral wrist carpal tunnel releases with possible flexor tenosynovectomy and neurolysis left side first is not medically necessary.

**bilateral wrist de Quervain's releases with possible tenosynovectomy and tenolysis, left side first:** 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): 270-271.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates surgical consultations may be appropriate for injured workers who have red flags of a serious nature, failure to respond to conservative management including work site modifications and have clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. Additionally, the guidelines indicate that under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be appropriate for treating De Quervain's tendinitis. The injured worker was noted to have failed conservative care. There was however, a lack of documentation of an injection and the injured worker's response to it. Given the above, the request for bilateral wrist De Quervain's releases with possible tenosynovectomy and tenolysis left side first is not medically necessary.

**Continuous cold therapy unit purchase:** 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:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.