MAXIMUS Federal Services

Case Number:	CM14-0125587		
Date Assigned:	09/05/2014	Date of Injury:	10/08/2012
Decision Date:	10/02/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/08/2014

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 Plastic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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 68-year-old claimant injured the left upper extremity while performing work duties as a cafeteria helper on 10/08/ 12. The claimant currently complains of pain in the left upper extremity at night. The claimant has to shake the hand frequently in the middle of the night to decrease the pain and discomfort. The claimant has increasing difficulty dropping objects. The claimant also has some numbness in the digits of the left hand. On examination, there is positive Tinel's sign over the left ulnar nerve. There is some very mild intrinsic weakness of the left hand compared to the right. There is evidence of left thenar atrophy. Tinel's sign, Durkan's test, and Phalen's test are positive in the left wrist. There is some tendon adhesion noted as the claimant has difficulty making a full fist with the left hand. The EMG/NCS on 03/04/14 revealed moderate left median neuropathy across the wrist and left ulnar neuropathy across the elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression arterial arch (palmar arch): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: There is no peer evidence to support this request.

Decision rationale: This patient has carpal tunnel syndrome based on history, physical examination and nerve conduction studies. The standard surgical treatment for carpal tunnel syndrome supported by both MTUS and ODG is division of the transverse carpal ligament. Palmar arch release is not a separately billable procedure used to treat carpal tunnel syndrome. Mobilization of the pallmar arch may be required in extremely rare cases to release the transverse carpal ligament, but if so, this maneuver would be a component of the carpal tunnel release (64721). There is no peer reviewed data that supports a role for decompression of the arterial arch as a treatment for carpal tunnel syndrome. Therefore the request is not medically necessary.

Neurolysis Median Nerve with use of 3.5x power lens: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Bone Joint Surg Am. 1985 Feb;67(2):253-6. Results of internal neurolysis of the median nerve for severe carpal-tunnel syndrome. Rhoades CE, Mowery CA, Gelberman RH last updated 02/01/1985

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: J Hand Surg Am. 1991 Mar;16(2):211-8. Internal neurolysis fails to improve the results of primary carpal tunnel decompression. Mackinnon SE1, McCabe S, Murray JF, Szalai JP, Kelly L, Novak C, Kin B, Burke GM.

Decision rationale: According to MacKinnon et al, "The addition of an internal neurolysis to division of the transverse carpal ligament does not add significant improvement in the sensory or motor outcome of patients with primary carpal tunnel syndrome." Therefore the request is not medically necessary.

Fasciotomy distal ante brachial fascia, left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand Procedure Summary (last updated 02/18/2014) Fasciotomy should be used in all cases of suspected compartment syndrome. (Bhattacharyya, 2004) (Verleisdonk, 2004) (Fields, 2002)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Society of Plastic Surgeons Coding Corner, July 2005

Decision rationale: Release of the distal forearm fascia is a component part of 64721. According to CPT Corner July 2005: Know what is global in carpal tunnel surgery By [redacted] Carpal tunnel surgery is very common in plastic surgery practice, and its global elements are generally well- defined. Some confusion arises in coding these procedures, as there are conflicting guidelines for what is and is not included in routine carpal tunnel release.These are all part of a typical carpal tunnel release. To code separately for any of these components

would be unbundling, as the global code, 64721, includes each of these components. Therefore the request is not medically necessary.

Exploration with epineurolysis median nerve, left wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: J Hand Surg Am. 1991 Mar;16(2):211-8. Internal neurolysis fails to improve the results of primary carpal tunnel decompression. Mackinnon SE1, McCabe S, Murray JF, Szalai JP, Kelly L, Novak C, Kin B, Burke GM. Hand Clin. 2002 May;18(2):315-23. Role of ancillary procedures in surgical management of carpal tunnel syndrome: epineurotomy, internal neurolysis, tenosynovectomy, and tendon transfers. Ting

Decision rationale: According to the study by MacKinnon et al, neurolysis of any type is not beneficial for carpal tunnel release. According to Ting et al, "The role of ancillary procedures in the treatment of carpal tunnel syndrome is controversial, especially with regard to internal neurolysis and epineurotomy. At present, there are little to no data to support their routine use in the treatment of primary carpal tunnel syndrome. Therefore the request is not medically necessary.