

<b>Case Number:</b>	CM14-0155878		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	09/16/2010
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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:

The claimant is a 59-year-old female who sustained bilateral upper extremity injuries on 9/16/10 attributed to cumulative trauma in the work setting. The medical records provided for review specific to the claimant's left hand included documentation of the results of electrodiagnostic studies dated 01/18/11 identifying carpal tunnel syndrome. The orthopedic hand surgery report dated 07/21/14 described pain in the long finger with forearm inflammation and tingling sensation to the fourth and fifth digits. Objectively, on examination there was positive Phalen's testing at the wrist, positive reverse Phalen's Test, and Tinel's Sign at the wrist consistent with median nerve entrapment. There was also tenderness noted to the right long finger at the A1 pulley. Recommendations at that time were for median nerve release with a flexor tenosynovectomy and application of a short arm splint. The medical records did not document evidence of prior injection therapy for the claimant's diagnosis of trigger finger. There was no documentation of any further imaging or other forms of conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Hand: Neuroplasty Median N. Carpal Tunnel, Wrist flexor Tenosynovectomy, Advancement Tissue Rearrangement Hand, Neuroplasty Median N Carpal Tunnel, Neuroplasty Digital, 1 or both, Neuroplasty Hand, Injection Anesthetic Peripheral Nerve, Application Short Arm Splint: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (updated 2/20/14), Forearm, Wrist & Hand (updated 8/8/14), Splinting (updated 2/20/14)

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

**Decision rationale:** Based on California ACOEM Guidelines, the proposed surgery to include a flexor tenosynovectomy and carpal tunnel release is not recommended as medically necessary. The claimant's physical examination shows evidence of carpal tunnel syndrome, but there is no documentation of prior conservative treatment for diagnosis of tenosynovitis that would support the role of a flexor tenosynovectomy. There is no indication of prior injection therapy as recommended by the ACOEM Guidelines. As a result of the lack of documented care, the request for surgery to include a flexor tenosynovectomy would not be supported as medically necessary.

**Keflex 500mg #30:** 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 medically necessary, none of the associated services are medically necessary.

**Zofran 4mg #30:** 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 medically necessary, none of the associated services are medically necessary.

**Norco 10/325mg #90 1 refill:** 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 medically necessary, none of the associated services are medically necessary.

**Post-Op Occupational Therapy 3 times a week for 4 weeks: 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 medically necessary, none of the associated services are medically necessary.

**Cold Therapy Unit for 30 days: 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 medically necessary, none of the associated services are medically necessary.

**Pre-Op History & Physical (H & P): 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 medically necessary, none of the associated services are medically necessary.