

Case Number:	CM14-0159334		
Date Assigned:	10/02/2014	Date of Injury:	11/22/2001
Decision Date:	10/29/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/29/2014

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 and Reconstructive Surgery and is licensed to practice in Maryland, Virginia, and North Carolina. 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 49 year old male with a reported date of injury on 11/22/01 who requested certification for left carpal tunnel release and left De Quervain's release. The injured worker is noted to have previously undergone right carpal tunnel release. Previous electrodiagnostic studies from 10/18/02 note normal study on the left. Previous diagnoses from 2/15/05 note left hand complex regional pain syndrome, history of right carpal tunnel syndrome, status post right carpal tunnel release, and history of diffuse somatic complaints. Progress report dated 1/31/12 notes the injured worker is pending staged carpal tunnel release. Diagnoses include chronic pain syndrome, history of left upper extremity complex regional pain syndrome, bilateral carpal tunnel syndrome with failed right carpal tunnel and diabetes mellitus, among others. Medical management includes Neurontin and Norco. Progress report dated 5/22/12 notes that the injured worker is being seen by an internist due to uncontrolled hypertension. Staged bilateral carpal tunnel surgery has been postponed due to this issue. Progress report dated 8/20/13 note that the injured worker is pending follow-up for left carpal tunnel decompression. Examination notes bilateral wrist Tinel's and hypoesthesia in the median nerve distribution. Follow-up dated 5/13/14 notes the injured worker is seen for low back pain and left wrist pain. The left wrist pain is exacerbated. His previous left wrist splint is worn out and he has difficulty using his walker due to the left wrist pain and numbness. He is pending left wrist carpal tunnel decompression. Examination notes bilateral wrist Tinel's and hypoesthesia in the median nerve distribution. Recommendation is made for new left wrist brace and follow-up with orthopedics. Orthopedic follow-up dated 6/12/14 notes that the injured worker was last seen on 10/6/11 with bilateral carpal tunnel syndrome and bilateral de Quervain tenosynovitis. Surgery had been authorized but was not done due to his cardiac situation. Now, his wrist has become quite painful and numb and would like to proceed with surgery. Examination of the left hand

and wrist reveals a positive Phalen, a positive Tinel test for the carpal tunnel syndrome, as well as a positive Finkelstein test. The range of motion in both wrists is about equal. Clinical diagnoses include left carpal tunnel syndrome, right carpal tunnel syndrome release with residual and bilateral de Quervain tenosynovitis. Recommendation is made for surgical treatment. Progress report dated 8/26/14 notes that the injured worker has been cleared for surgery. He continues with left greater than right wrist pain. He has bilateral wrist Tinel and bilateral Finkelstein test. Utilization review dated 9/5/14 did not certify the procedures of left carpal tunnel release and de Quervain's release. Reasoning given was that the left carpal tunnel syndrome was not supported by electrodiagnostic studies and that the injured worker was not shown to fail conservative measures for de Quervain's release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Release of De Quervain and Carpel Tunnel Syndrome Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 & 273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-272.

Decision rationale: From ACOEM, Chapter page 271 with respect to de Quervain's tenosynovitis: The majority of patients with DeQuervain's syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. From Table 11-7, page 272, splinting is recommended as a first-line conservative treatment for CTS, DeQuervain's, strains, etc. In addition, an initial injection into tendon sheath for clearly diagnosed cases of DeQuervain's syndrome, tenosynovitis, or trigger finger is recommended. The injured worker has not been adequately documented to have undergone appropriate conservative management including steroid injection into the tendon sheath. Thus, De Quervain's release is not medically necessary. From ACOEM, Chapter 11, page 270, surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare. The injured worker is documented to have signs and symptoms of left carpal tunnel syndrome. However, he has other reasons that could be contributing to his symptomatology, including diabetes mellitus. There are no recent electrodiagnostic studies confirming that the injured worker has left carpal tunnel syndrome. In addition, previous reports of electrodiagnostic studies were stated as normal. Thus, without confirmatory evidence from electrodiagnostic studies documenting left carpal tunnel syndrome, left carpal tunnel release is not medically necessary.

1 routine pre-op medical clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 & 273.

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.

12 post op-physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.