

Case Number:	CM14-0163046		
Date Assigned:	10/08/2014	Date of Injury:	02/15/2011
Decision Date:	12/31/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/03/2014

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 Minnesota. 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 57 year old female with a history of bilateral carpal tunnel syndrome. The date of injury is reported as 2/12/2011. Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies were not submitted. She also has multiple other issues including a chronic pain syndrome involving the spine and extremities. Her multiple diagnoses also include cervical spondylosis with myelopathy and brachial neuritis. She underwent an open right carpal tunnel release on 1/24/2014. The operative report is not included with the medical records. On 04/07/2014 she started physical therapy. The physical therapy (PT) notes document numbness, tingling, and weakness of the right upper extremity. She was frequently dropping objects in the right hand. Treatment included cryotherapy, paraffin baths, ultrasound, and manual range of motion. The post-op note of 04/21/2014 indicates pain at the base of the palm radiating distally. There was fibrosis in the surgical scar noted. The numbness was significantly improved. There was triggering of the right middle finger. The injured worker underwent a trigger finger release under general anesthesia on 7/11/2014. The progress notes from September document a well healed scar with tenderness at the base of the palm associated with fibrosis on the thenar flap at the base of the palm. Slight fibrosis of an old trigger thumb scar was also reported. Residuals of carpal tunnel syndrome with positive carpal tunnel testing extending into the third finger is also documented. Laser treatment of the carpal tunnel scar is requested along with the trigger thumb scar. This was non-certified by UR using ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laser treatments of right hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Burn Chapter, Laser Therapy (Scar management)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Burns, Topic: Laser therapy, scar management.

Decision rationale: California MTUS does not address the issue of laser scar revision. Official Disability Guidelines (ODG) guidelines recommend laser therapy for scar revision when there is documentation of significant physical functional impairment related to the scar and the treatment can be reasonably expected to improve the functional impairment such as a contracture. The documentation indicates a Tinel's sign over the median nerve at the base of the palm with shooting pain/paresthesias into the third finger. There is no documentation of a keloid formation. According to MTUS guidelines surgical decompression of the median nerve usually relieves carpal tunnel syndrome symptoms in the majority of patients with electrodiagnostically confirmed diagnosis of carpal tunnel syndrome. Patients with the mildest carpal tunnel syndrome display the poorest post-surgery results. Endoscopic carpal tunnel release seems to be an effective procedure with high patient satisfaction. The pre-operative nerve conduction study is not submitted and the operative report is also not included. The requested laser treatment is likely to improve the scar in the skin but documentation pertaining to anticipated improvement in the median nerve function from such treatment is not convincing. The request for laser scar therapy is not supported by guidelines and is not medically necessary.