

<b>Case Number:</b>	CM14-0166382		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	04/13/2012
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 49 year old female with an industrial injury dated 04/13/12. The patient is status post carpal tunnel release surgical intervention in February 2013 providing no significant pain relief; and again on 06/11/14. Exam note 09/27/14 states the patient returns with right trigger thumb pain. Upon physical exam there is evidence at the surgical site of the prior carpal tunnel release that it is in fact well-healed. The patient completed a positive Tinel's test, and had no motor dysfunction or numbness in the first, second or third digits. The patient demonstrated extreme pain with the trigger thumb over the first dorsal compartment. The patient states she experiences a locking sensation of the thumb. There is evidence of tenderness over the forearm. Treatment includes a flexor tenosynovectomy, tenolysis flexor tendons, A-1 pulley release, neurolysis digital nerve, and a continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **One (1) Flexor tenosynovectomy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Innis PC, Endoscopic carpal tunnel release, J South Orthop Assoc 1996 Winter; 5(4):281-91; Raymond Curtis Hand Center, Baltimore, MD; and Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm Wrist and Hand, Tenolysis

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of flexor tendon tenolysis. According to the ODG, Forearm, Hand and Wrist section, tenolysis, criteria includes a willingness to commit to rigorous postoperative PT, good strength in flexor and extensor muscles of the hand and intact nerves to flexor muscles, delay of 6 months postoperatively following flexor tendon repair. In this case the exam note from 9/27/14 does not demonstrate any evidence of flexor tenosynovitis to warrant a flexor tendon tenolysis. Therefore the determination is not medically necessary.

**One (1) Tenolysis flexor tendons:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hegmann KT, editor(s). Occupational Medicine Practice Guidelines. Evaluation and Management of Common Health Problems and Functional Recovery in Workers. 3rd ed. Elk Grove Villiage (IL): American College of Occupational and Environmental Medicine; 2011 pages 1-73

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm,Wrist and Hand, Tenolysis

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of flexor tendon tenolysis. According to the ODG, Forearm, Hand and Wrist, Tenolysis, criteria includes a willingness to commit to rigorous postoperative PT, good strength in flexor and extensor muscles of the hand and intact nerves to flexor muscles, delay of 6 months postoperatively following flexor tendon repair. In this case the exam note from 9/27/14 does not demonstrate any evidence of flexor tendon adhesions to warrant a flexor tendon tenolysis. Therefore the determination is not medically necessary.

**A-1 pulley release:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hegmann KT, editor(s). Occupational Medicine Practice Guidelines. Evaluation and management of Common Health Problems and Functional Recovery in Workers. 3rd ed. Elk Grove Villiage (IL): American College of Occupational and Environmental Medicine; 2011 pages 1-73

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Percutaneous Release of Trigger Thumb

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of trigger thumb release. According to ODG, Forearm, Wrist and Hand, Percutaneous Release of Trigger Thumb,

"recommended where symptoms persist. Trigger finger is a condition in which the finger becomes locked in a bent position because of an inflamed and swollen tendon. In cases where symptoms persist after steroid injection, surgery may be recommended. However, the risk of troublesome complications, even after this minor operation, should be born in mind." In this case, there is lack of evidence in the exam note from 9/27/14 of conservative care including steroid injection to warrant release. Therefore the determination is not medically necessary.

**One (1) Neurolysis digital nerve: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neuroma Treatment

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of neurolysis. According to ODG, Forearm, Wrist and hand, Neuroma treatment, neurolysis is indicated as a recommended option. In this case there is no evidence of traumatic neuroma to warrant neurolysis and the determination is not medically necessary.

**Pre-op EKG: 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 Pulmonary Function Tests (PFT): 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 Urine Drug Screen: 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 micro cool unit:** 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.

**Motorized compression pump:** 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 Chest X-ray:** 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.

**Keflex 500mg #28:** 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.

**Tylenol with codeine T3, #60:** 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.

**Naproxen 500mg, #60:** 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 labs: CBC, PT, PTT, Chem 12:** 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.