

Case Number:	CM14-0029231		
Date Assigned:	06/20/2014	Date of Injury:	05/25/2012
Decision Date:	08/06/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/07/2014

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 Pennsylvania. 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 is a 61-year-old female injured worker who sustained a vocational injury while working as an assembler performing repetitive, high volume packaging on 05/25/12. The records provided for review document that the injured worker underwent a left carpal tunnel release with index, middle and ring finger A-1 pulley release of the left hand on 12/07/12. The injured worker's current working diagnosis is reflex sympathetic dystrophy of the upper limb, elbow and wrist tendonitis and bursitis, lateral epicondylitis, and left finger contracture of the middle and ring fingers. EMG nerve conduction study from 11/25/13 showed entrapment neuropathy of the median nerves of both wrists with mild to moderate slowing of nerve conduction velocity consistent with carpal tunnel syndrome. There was no electrophysiologic evidence of entrapment neuropathy in the bilateral ulnar or bilateral radial nerves. There was no electrophysiologic evidence to support motor radiculopathy in the upper extremities. The report of the office visit on 01/22/14 noted complaints of pain, stiffness and numbness of the middle and ring fingers and that the numbness had worsened after carpal tunnel surgery. Exam showed healed scars over the volar aspect of the second, third and fourth metatarsophalangeal (MTP) joint, a healed scar over the carpal tunnel, and longitudinal scars over the trigger fingers which were healed and were markedly tender to the lightest touch. There was a sensation deficit noted in the middle and ring fingers nerve distribution. Range of motion showed severe stenosis of the middle and ring fingers with the digits flexed in the palm, with distal palmar crease (DPC) of 4 centimeters. There was a positive Tinel's score. It was documented that a bone scan had been performed which showed no evidence of RSD or regional pain syndrome. Follow up examination on 01/29/14 identified hyperesthesia of the left hand with decreased range of motion in all planes of the wrist due to pain. She had significantly decreased grip strength. Medications were refilled at that time. Conservative treatment to date includes Motrin, a series of stellate ganglion injections

of the left upper extremity on 09/04, 09/11 and 09/18 of 2013, and post-op physical therapy from the previous surgical intervention on 12/07/12. The records included a Utilization Review determination on 02/27/14 that did not recommend surgery due to lack of failed conservative treatment. The current request is for tenolysis of the flexor tendon in the palm, ring and middle fingers with possible z-plasty and revision of left carpal tunnel surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENOLYSIS OF FLEXOR TENDON OF THE PALM, RING, AND MIDDLE FINGERS WITH POSSIBLE Z-PLASTIES AND REVISION OF LEFT CARPAL TUNNEL SURGERY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp; 2013 Updates; Carpal Tunnel chapter - Carpal Tunnel surgery.

Decision rationale: The medical records provided for review lack documentation that the injured worker has attempted, failed and exhausted conservative treatment prior to proceeding with surgical intervention for the left hand. Documentation also suggests that the injured worker is having numbness and tingling in the long and ring finger of the left hand. It is well established that ring finger numbness typically is not related to carpal tunnel syndrome. There is also significant lack of documentation of consistent abnormal physical exam objective findings establishing the medical necessity of the requested procedure. Therefore, the request is not medically necessary.

PREOPERATIVE LAB WORK: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

EKG: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.