

Case Number:	CM14-0043370		
Date Assigned:	08/08/2014	Date of Injury:	07/17/2012
Decision Date:	09/15/2014	UR Denial Date:	03/22/2014
Priority:	Standard	Application Received:	04/10/2014

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:

This 41-year-old male sustained an industrial injury on 7/17/12. Injury occurred when the ladder he was descending slipped and he fell backwards about 8 feet, landing on his hands. The 8/8/12 left wrist MRI impression documented old fractures of the distal ulna, ulnar styloid and radial styloid process. There was a partial tear of the triangular fibrocartilage complex (TFCC). The 9/16/13 left wrist MRI impression documented tiny focal bony reactive or degenerative cystic changes of the left capitate and scaphoid bone, possible small ganglion in the medial aspect of the left wrist, and diffuse increased signal in the left lunate bone consistent with bone marrow edema or microtrabecular injury. The 11/26/13 nerve conduction study findings were compatible with a mild bilateral carpal tunnel syndrome. The 2/18/14 treating physician cited continued left wrist symptoms. The patient reported he woke at night with pain extending into the thenar region and tingling in his hands. He reported occasional bilateral hand numbness. Durkin's and Phalen's tests were positive bilaterally. There was tenderness along the flexor tendons of the left hand. The diagnoses were traumatic bilateral flexor tenosynovitis, bilateral hand paresthesias, left wrist capitate and scaphoid degenerative joint disease, left wrist bone contusion, and bilateral mild carpal tunnel syndrome. The treatment plan recommended left carpal tunnel release surgery with flexor tenosynovectomy to the left hand and wrist. The 3/22/14 utilization review denied the left wrist surgery and associated requests based on an absence of documented guideline-recommended conservative treatment and subjective findings. The 3/31/14 treating physician rebuttal cited complaints of nighttime pain, dropping of objects, numbness, tingling and weakness of the bilateral upper extremities. Bilateral wrist exam demonstrated positive Durkin's, Tinel's, and Phalen's test, positive flattening of the thenar prominences, and positive cup sign. The patient had failed all conservative care including medication, therapy, and curtailed activity. All symptoms were worsening. Reconsideration of the denial for surgery was requested and an

AME was pending. The 5/2/14 AME orthopedic report documented left wrist exam findings of tenderness over the dorsal radial ulnar joint with some crepitus, negative Tinel's and Phalen's, no evidence of tenderness in the palm, no triggering of the digits, and grip strength 30 pounds kg right and 26 left. The diagnosis was contusion bilateral wrists with torn TFCC left wrist. The AME opined that the patient did not meet the requirements of carpal tunnel syndrome both from symptoms and clinical findings combined. The AME opined that carpal tunnel release should be deferred until the patient had a formal university evaluation and workup that would include at least MR arthrogram of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left carpal tunnel release surgery with flexor tenosynovectomy to the left hand and wrist, decompression of the arterial palmar arch, neurolysis of the median nerve using 3.5 power lenses, tenolysis of the flexor tendons, fasciotomy of the distal forearm antebrachia fascia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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) Carpal tunnel syndrome, Carpal tunnel release surgery (CTR).

Decision rationale: The California MTUS guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. The Official Disability Guidelines provide clinical indications for carpal tunnel release that include specific symptoms (abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick Sign), physical exam findings (compression test, monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness), conservative treatment (activity modification, night wrist splint, non-prescription analgesia, home exercise training), successful corticosteroid injection trial, and positive electrodiagnostic testing. Guideline criteria have not been fully met. The patient does not meet all clinical exam findings and physical exam findings are not consistent between examiners. There is no detailed documentation of comprehensive conservative treatment of carpal tunnel syndrome. There is a question regarding the current status of the previously diagnosed TFCC tear and additional imaging has been recommended. Therefore, this request is not medically necessary.

preoperative lab testing Complete Blood Count, Chemistry panel 12, Prothrombin time,preoperative,Partial Prothrombin time: 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.

1 Preoperative chest xray: 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.

1 Preoperative Pulmonary function test: 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.

1 Preoperative electrocardiogram (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.

1 Preoperative urine analysis: 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.

1 Smart glove: 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.

1 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.

1 interferential current with supplies: 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.

1 Motorized compression pump and stocking: 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.

1 Keflex 500mg Qty 20: 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.

Tramadol 50mg Qty 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.

Norco 5/325mg Qty 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.

12 Postoperative physical therapy visits: 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.

12 Postoperative acupuncture sessions: 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.