

<b>Case Number:</b>	CM14-0045320		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/14/2007
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 patient is a 43-year-old female who has submitted a claim for bilateral carpal tunnel syndrome, and neck pain with possible right C6 and C7 radiculopathy associated with an industrial injury date of 02/14/2007. The medical records from 2013 to 2014 were reviewed. The patient complained of bilateral wrist and hand pain associated with weakness, numbness and tingling sensation. Aggravating factors included prolonged gripping, grasping, writing, typing, or other fine manipulation activities. The physical examination showed weak grip strength of right. Phalen's and Tinel's tests were positive. Sensation was diminished at median nerve distribution, right. Atrophy was not evident. A report from 09/11/2013 cited that electrodiagnostic study performed on 05/21/2013 showed abnormalities consistent with bilateral focal median neuropathy at the carpal tunnel, right is moderate to severe and left is moderate. The official result was not available. The treatment to date has included physical therapy, acupuncture, cervical epidural steroid injections, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Flexor Tenosynovectomy of the carpal canal:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: The Role of Flexor Tenosynovectomy in the Operative Treatment of Carpal Tunnel Syndrome, The Journal of Bone and Joint Surgery 2002, Feb; 84-A(2):221-5 (<http://www.jbjs.org/content/84/2/221.long>).

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the strength of evidence hierarchy established by the California department of industrial relations, division of workers compensation, the journal of bone and joint surgery 2002 was used instead. It states that there was neither an added benefit nor an increased rate of morbidity in association with the performance of a flexor tenosynovectomy at the time of carpal tunnel release. There were no clinical correlations that might predict which individuals would benefit from flexor tenosynovectomy on the basis of either the gross (intraoperative) or histologic evaluation of the flexor tenosynovium. Routine flexor tenosynovectomy offers no benefit compared with sectioning of the transverse carpal ligament alone for the treatment of idiopathic carpal tunnel syndrome. In this case, patient complained of bilateral wrist pain, which persisted despite physical therapy, acupuncture, and intake of medications. The physical examination findings were consistent with carpal tunnel syndrome. The progress report from 02/13/2014 cited that utilization review from 10/29/2013 authorized carpal tunnel release; however, the official review was not made available in the records submitted. The official report of electrodiagnostic study was likewise not included. In addition, it was unclear if patient underwent steroid injections to the wrist prior to surgical recommendation. Furthermore, there was no discussion concerning the need to perform flexor tendon synovectomy as adjunct to carpal tunnel release. The guidelines do not recommend it due to no added beneficial effects. The medical necessity cannot be established due to insufficient information. Therefore, the request for right flexor tenosynovectomy of the carpal canal is not medically necessary.

**Surgeon administered analgesia with injection of narcotics & anesthetics into wound & surgical incision region for post-operative pain relief for right wrist/hand:** 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.

**intraoperative volar splint to be applied to right wrist:** 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.