

Case Number:	CM14-0051536		
Date Assigned:	07/07/2014	Date of Injury:	08/23/2013
Decision Date:	08/06/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/18/2014

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 Texas and Georgia. 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 37-year-old male who reported an injury on 08/23/2013. The mechanism of injury was not stated. Current diagnoses include bilateral repetitive overuse, flexor tenosynovitis of the wrist, bilateral carpal tunnel syndrome, bilateral elbow lateral epicondylitis, and bilateral ring finger, left index finger, and middle finger trigger digits. The injured worker was evaluated on 04/28/2014 with complaints of persistent right wrist pain, numbness and tingling, weakness, and positive triggering in the left index and middle finger. Previous conservative treatment includes a flexor tendon sheath injection for the right ring finger which provided only 20% improvement. The injured worker has also been previously treated with bracing, anti-inflammatory medication, and occupational therapy. Physical examination on that date revealed positive Tinel's and Phalen's sign reproducing symptoms in the median nerve distribution, mildly diminished range of motion in all planes, positive tender nodule and triggering noting at the palmar aspect of the index and middle finger on the left and middle finger on the right, triggering of the A1 pulley, difficulty with full flexion and extension involving the trigger digits, inability to oppose distal palmar crease, 2+ deep tendon reflexes, mild tenderness to palpation of the lateral epicondyle with 135 to -10 degree range of motion, and negative Tinel's testing at the cubital tunnel. Treatment recommendations at that time included a right carpal tunnel release, endoscopic versus open, with right ring trigger finger release. It is also noted that the injured worker underwent neurodiagnostic testing on 09/27/2013, which indicated mild right and moderate left carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release, endoscopic versus open with right trigger finger release (ring finger): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ACOEM <https://www.acoempracguides.org/> Hand and Wrist: Table 2, Summary of Recommendations, Hand and Wrist Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state surgical decompression of the median nerve usually relieves carpal tunnel symptoms. Carpal tunnel syndrome must be proved by positive findings on clinical examination and supported by nerve conduction studies prior to surgery. With regard to a trigger finger surgery, 1 or 2 injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger is almost always sufficient to cure symptoms and restore function. A procedure under local anesthesia may be necessary to permanently correct persistent triggering. As per the documentation submitted, the injured worker does maintain electrodiagnostic evidence of right carpal tunnel syndrome. The injured worker has exhausted conservative treatment to include medication management, splinting, occupational therapy and a trigger finger injection. Despite conservative treatment, the injured worker continues to report persistent pain, numbness, tingling, weakness and positive triggering. The injured worker's physical examination continues to reveal positive Tinel's and Phalen's testing, diminished range of motion, positive triggering and tenderness to palpation. Based on the clinical information received, the injured worker does currently meet criteria as outlined by the California MTUS ACOEM Practice Guidelines for the requested right carpal tunnel release and right trigger finger release. As such, the request is medically necessary and appropriate.

Occupational therapy 2 x 4 weeks to post operative right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ACOEM- <https://www.acoempracguides.org/> Hand and Wrist: Table 2, Summary of Recommendations, Hand and Wrist Disorders.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 16, and 22.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines state the initial course of therapy means one-half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following trigger release includes 9 visits over 8 weeks. Postsurgical treatment following endoscopic or open carpal tunnel release includes 3-8

visits over 3-5 weeks. The current request for 8 sessions of postoperative occupational therapy exceeds guideline recommendations. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary and appropriate.