

Case Number:	CM14-0059879		
Date Assigned:	10/01/2014	Date of Injury:	04/13/2012
Decision Date:	10/29/2014	UR Denial Date:	04/05/2014
Priority:	Standard	Application Received:	04/30/2014

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 48-year-old female who injured both of her hand on April 13, 2012 attributed to repetitive work as a citrus fruit packer. The clinical records provided for review included the March 10, 2014 follow up report noting complaints of bilateral thumb and wrist pain and that a recent diagnostic study report was consistent with carpal tunnel syndrome, right greater than left. The report also documented that an Agreed Medical Evaluation recommended bilateral trigger thumb release and carpal tunnel release surgery. The claimant underwent right wrist trigger thumb release on January 23, 2014. The report also documented that the claimant remains symptomatic with objective findings on examination of full strength, no atrophy, an equivocal Tinel's sign at the medial nerve, adequate grip strength and well-healed surgical incision at the thumb. Based on ongoing complaints of pain, this review is for the request for flexor tenosynovectomy and tenolysis procedure. There is no documentation of further clinical treatment, physical examination findings, imaging or subjective complaints. There is also no indication for the carpal tunnel release noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Winters; 5(4):281-91 Raymond Curtis Hand Center, Baltimore, Md, USA

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

Decision rationale: Based on the California ACOEM Guidelines, the request for flexor tenosynovectomy is not recommended as medically necessary. The medical records describe that the claimant's clinical presentation is consistent with carpal tunnel syndrome and is noted to be status post a prior trigger thumb release. There is currently no physical examination findings documented in the medical records indicative of flexor tenosynovitis that would support the role of a tenosynovectomy procedure. The claimant's physical examination at the office visit where surgery was recommended did not include specific clinical findings. Therefore, the proposed surgery cannot be recommended as medically necessary.

Tenolysis flexor tendons: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG); Forearm, wrist, hand Chapter: Tenolysis

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request are silent. Based on the Official Disability Guidelines, the request for tenolysis of the flexor tendons is not recommended as medically necessary. The documentation provided for review does not contain any documentation of positive physical findings on examination that would support the acute role of a surgical process. There is documentation of symptoms consistent with carpal tunnel syndrome; however, a carpal tunnel release is not being requested in this case. Therefore, the proposed surgery is not recommended as medically necessary.

Fasciotomy distal forearm: 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: The proposed surgery is not recommended as medically necessary. Therefore, the request for fasciotomy of the distal forearm is also not medically necessary.

Neuroplasty with 3.5 power lens: 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: The proposed surgery is not recommended as medically necessary. Therefore, the request for neuroplasty with a 3.5 power lens is also not medically necessary

Preoperative laboratory testing, PT (Prothrombin Time) and PTT (Partial Thromboplastin Time): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, State of California Official Medical Fee Schedule, 1999 Edition, Pages 92-93

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The proposed surgery is not recommended as medically necessary. Therefore, the request for preoperative lab testing is also not medically necessary.

Preoperative PFT (Pulmonary Function Test): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Collage of Physicians - Medical Specialty Society. 2006 Apr 18. 6 pages. NGC:004939

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The proposed surgery is not recommended as medically necessary. Therefore, the request for Pulmonary Function Testing is also not medically necessary.

Postoperative wrist brace, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The proposed surgery is not recommended as medically necessary. Therefore, the request for a postoperative wrist brace is also not medically necessary.

Postoperative Smart Glove, QTY:: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI); 2012 Nov. 51 p

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The proposed surgery is not recommended as medically necessary. Therefore, the request for postoperative Smart Glove is also not medically necessary.

Postoperative cold therapy unit, QTY: purchase 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The proposed surgery is not recommended as medically necessary. Therefore, the request for a postoperative cold therapy unit is also not medically necessary.

Postoperative motorized compression pump, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI); 2012 Nov. 51 p.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The proposed surgery is not recommended as medically necessary. Therefore, the request for a postoperative motorized compression pump is also not medically necessary.

Postoperative physical therapy, QTY: 12 sessions:

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: The proposed surgery is not recommended as medically necessary. Therefore, the request for postoperative physical therapy also is not medically necessary.

Preoperative chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI); 2010 Oct. 105 p.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The proposed surgery is not recommended as medically necessary. Therefore, the request for a preop chest x-ray is also not medically necessary.

Keflex, QTY: 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: The proposed surgery is not recommended as medically necessary. Therefore, the request for a preop chest x-ray is also not medically necessary.

Neuromuscular stimulator, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The proposed surgery is not recommended as medically necessary. Therefore, the request for a neuromuscular stimulator is also not medically necessary.

TENS (Transcutaneous Electrical Nerve Stimulation) unit, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The proposed surgery is not recommended as medically necessary. Therefore, the request for a TENS unit is also not medically necessary.