

Case Number:	CM14-0061728		
Date Assigned:	07/11/2014	Date of Injury:	10/24/2011
Decision Date:	10/09/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/02/2014

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, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 60-year-old female who reported an injury on 10/24/2011. The mechanism of injury was from repetitive pulling and pushing. The diagnoses included probable bilateral carpal tunnel syndrome, de Quervain's stenosing tenosynovitis right wrist, and probable triangular fibrocartilage tear bilateral wrists. Previous treatments included medication. Within the clinical note dated 01/28/2014, it was reported the injured worker complained of intermittent numbness in the bilateral hands with associated volar wrist pain. She complained of pain on the ulnar aspect of the bilateral wrists. Upon the physical examination, the provider noted the injured worker had tenderness over the triangular fibrocartilage. The provider noted the injured worker had a positive Tinel's, Phalen's, and compression test for carpal tunnel syndrome bilaterally. The provider noted the injured worker had full range of motion of the wrist. The provider documented an MRI report had probable TFCC tear of the bilateral wrists. On the most recent clinical note dated 04/02/2014, it was reported the injured worker complained of bilateral hand pain and numbness. Upon the physical examination, the provider noted the injured worker had tenderness of the TFCC with pain and spasms. The provider indicated the injured worker had a positive Tinel's and Phalen's of the left and right wrist. The provider requested a left open carpal tunnel release with flexor tenosynovectomy and left wrist arthroscopic intra-articular shaving triangular fibrocartilage debridement, preoperative medical clearance, and physical therapy. However, a rationale was not provided for clinical review. The Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left open carpal tunnel release with flexor tenosynovectomy and left wrist arthroscopic intra articular shaving triangular fibrocartilage debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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), Forearm, Wrist, & Hand, Tenosynovectomy, Triangular fibrocartilage complex (TFCC) reconstruction

Decision rationale: The request for a left open carpal tunnel release with flexor tenosynovectomy and left wrist arthroscopic intra-articular shaving triangular fibrocartilage debridement is not medically necessary. The California MTUS/ACOEM Guidelines recommend the procedure for carpal tunnel syndrome and positive findings on clinical examination and the diagnosis should be supported by a nerve conduction test before surgery. In addition, the Official Disability Guidelines state surgery is not generally initially indicated for carpal tunnel syndrome unless symptoms persist after conservative treatment, with clinical findings of muscle atrophy, severe weakness of thenar muscles, 2-point discrimination test, and positive electrodiagnostic testing. Furthermore, the injured worker must have undergone conservative treatment requiring 3 of the following, including activity modification for 1 month, night wrist splints for 1 month, nonprescription analgesias, home exercise training, successful initial outcome of corticosteroid injections, with positive electrodiagnostic results. The Guidelines also note arthroscopic repair of peripheral tears of the triangular fibrocartilage complex is a satisfactory method of repairing the injury. However, there is a lack of documentation of positive electrodiagnostic study findings to corroborate the diagnoses and there is a lack of significant findings on the physical examination to support the diagnosis of carpal tunnel syndrome. Additionally, an official MRI was not provided to support evidence of a TFCC tear. There is a lack of documentation indicating the injured worker had activity modification, night wrist splints, or home exercise training. Therefore, the request is not medically necessary.

Pre Operative medical clearance: 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

Physical therapy quantity 12: 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