

<b>Case Number:</b>	CM14-0063665		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/01/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of June 1, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; wrist splinting; unspecified amounts of physical therapy; and apparent return to regular duty work. A request for right carpal tunnel release surgery, right median nerve block, right synovectomy, 12 sessions of physical therapy, and postoperative splinting were denied on March 17, 2014. The claims administrator based its denial on its position that the applicant could undergo another wrist corticosteroid injection prior to considering the right carpal tunnel release surgery. A progress note from February 24, 2014 documented that the applicant reported severely worsened right carpal tunnel syndrome. The applicant also reported burning pain about the volar forearm and lateral arm and had evidence of thenar atrophy. In addition to this, the report documented a positive Tinel and Phalen maneuvers test. Surgical intervention was sought along with possible flexor tenosynovectomy. The applicant was returned to regular duty work. On February 28, 2014, the applicant was again described as having ongoing issues with carpal tunnel syndrome and trigger finger. The applicant was again returned to regular duty work while Naprosyn was endorsed for pain relief. The applicant stated that she had elected to defer proposed hand surgery as of this point in time. Somewhat incongruously, in another section of the report, it is stated that the applicant was worsened and now wanted the proposed surgery, presumably both for the carpal tunnel syndrome and the left third digit trigger finger. An earlier progress report from June 26, 2013 suggested that the applicant had had a favorable response to an earlier corticosteroid injection of the finger and was no longer having issues with locking or triggering as of that point.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **RIGHT CARPAL TUNNEL RELEASE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 11-7 273.

**Decision rationale:** As noted in the MTUS-adopted Guidelines in Chapter 11, Table 11-7, page 273, early surgical intervention for severe carpal tunnel syndrome confirmed by electrodiagnostic testing may be indicated and is "recommended." In this case, the attending provider has posited that the applicant has severe, deteriorating carpal tunnel syndrome which failed to respond favorably to one prior corticosteroid injection. Proceeding forward with the proposed carpal tunnel release surgery is therefore indicated. Accordingly, the request is medically necessary.

### **POST OP PT 3X4:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** As noted in MTUS, "An initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery." This reference supports nine sessions of treatment following trigger finger release surgery, as well as three to eight sessions of treatment following proposed carpal tunnel release. Given the fact that the applicant has multiple body parts involved, the request in question represents a first time request for postoperative physical therapy, and the fact that partial certifications are not possible through the Independent Medical Review process, then provision of some postoperative physical therapy is preferable to provision of no postoperative physical therapy. Therefore the request does essentially conform to MTUS parameters as an initial course of therapy for the two surgeries involved. The 12 session initial course of postoperative physical therapy is essentially in-line with this amount. Therefore, the request is medically necessary.

### **POST OP SPLINT DISPENSED FROM OFFICE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 11-7 272.

**Decision rationale:** As noted in the MTUS, “Prolonged splinting can lead to weakness and stiffness.” In this case, the surgical procedures in question have been approved through this Independent Medical Review report. If successful, these should potentially obviate the need for the postoperative splinting. There was no rationale for postoperative splinting discussed. Therefore, the request is considered not medically necessary.

**MEDIAN NERVE BLOCK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 11-7 page 272.

**Decision rationale:** As noted in the MTUS, “Repeated or frequent injections of corticosteroids into the carpal tunnel or tendon sheaths are not recommended.” The applicant has had at least one prior median nerve block. The attending provider has essentially established that this was unsuccessful and that the applicant is now intent on pursuing a surgical remedy. Concurrent pursuit of a median nerve block is not indicated as the attending provider has established that this treatment has failed. Therefore, the request is not indicated both owing to the unfavorable ACOEM recommendation, nor is it owing to the applicant's poor response to earlier injection therapy. Accordingly, the request is not medically necessary.

**RIGHT SYNVECTOMY:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, “A procedure under local anesthesia may be necessary to permanently correct persistent triggering.” The applicant has described residual symptoms of a trigger finger following an earlier corticosteroid injection. As suggested by ACOEM, “A procedure under anesthesia, may be necessary to permanently correct the issue.” Therefore, the request is considered medically necessary.