

Case Number:	CM14-0065583		
Date Assigned:	07/11/2014	Date of Injury:	06/20/2013
Decision Date:	09/29/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/08/2014

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:

This 44-year-old female police dispatcher sustained an industrial injury on 6/20/13 relative to repetitive work duties. The 10/31/13 EMG/NCV report documented mild right carpal tunnel syndrome and mild left cubital tunnel syndrome. Left hand x-rays documented thumb carpometacarpal subluxation at the trapezium, and mild joint space narrowing. There were no erosive osteoarthritis changes present. Conservative treatment included left thumb splint, anti-inflammatory medication, wrist wrap, right carpal tunnel corticosteroid injection, wrist splint, and activity modification. The 2/4/14 bilateral upper extremity EMG/NCV report documented a normal electrodiagnostic study with no evidence of median or ulnar neuropathy. The 4/8/14 treating physician report cited bilateral hand pain with intermittent numbness and tingling. There was some difficulty in driving noted. The patient was awakened at night due to numbness and tingling. Physical exam documented right wrist swelling, moderate volar tenderness, symmetrical wrist range of motion, positive Tinel's over the right wrist, and negative Phalen's and Finkelstein's tests. There was a normal neurologic exam including 2-point discrimination and strength. Bilateral elbow exam was within normal limits. The diagnosis was right carpal tunnel syndrome, bilateral cubital tunnel syndrome, and bilateral wrist flexor tenosynovitis. Electrodiagnostic testing was reported negative. Conservative treatment had been tried and had failed. Surgery was requested to include right carpal tunnel release and flexor tenosynovectomy. She was working full time full duty. The 4/22/14 utilization review denied the right wrist surgery and pre-op clearance as there was no electrodiagnostic evidence of median neuropathy and clinical exam findings did not meet guideline criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist carpal tunnel release and flexor tenosynovectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines, indications for surgery-carpal tunnel release.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271, 273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, Carpal tunnel release (CTR) surgery.

Decision rationale: The ACOEM guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. Surgical referral for tenosynovitis is supported only after conservative treatment, including splinting and injection, have failed. The Official Disability Guidelines provide clinical indications for carpal tunnel release that include specific symptoms (abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick Sign), physical exam findings (compression test, monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness), conservative treatment (activity modification, night wrist splint, non-prescription analgesia, home exercise training), successful corticosteroid injection trial, and positive electrodiagnostic testing. Guideline criteria have not been met. Physical exam findings of carpal tunnel syndrome are limited to a positive Tinel's test. There are no current exam findings evidencing tenosynovitis. Current electrodiagnostic testing does not demonstrate any median neuropathy. There is no documentation that worksite evaluation has been completed or that injection for tenosynovitis has failed. Therefore, this request is not medically necessary.

Pre-op Consultation and Medical Clearance: 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, California Official medical Fee Schedule, 199 edition pgs 92-93.

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: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

