

<b>Case Number:</b>	CM14-0069832		
<b>Date Assigned:</b>	05/19/2014	<b>Date of Injury:</b>	05/16/2002
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Surgeon 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 injury on 05/16/2002. The mechanism of injury was not provided. The documentation of 01/29/2014 revealed the injured worker was ready for her surgery on the left which was a carpal tunnel release along with release of the A1 pulley of the thumb. The injured worker was noted to be treated with soft and rigid braces, a thumb splint and a TENS unit. The injured worker had spasms of the thumb closer to the palm. The objective findings revealed tenderness along the A1 pulley of the thumb and CMC and STT joints on the left as well as carpal tunnel area where she had a positive Tinel's sign. It was indicated the injured worker had nerve studies in October showing moderate carpal tunnel findings bilaterally. The injured worker underwent an x-ray on the date of the office visit which revealed the base of the thumb and STT joint had some articular surface left. The diagnoses included carpal tunnel syndrome bilaterally status post decompression on the right, trapezium arthritis on the right status post excision, CMC and possibly STT joint involvement of the thumb on the left, and stenosing tenosynovitis on the A1 pulley of the thumb on the left. The treatment plan included proceeds with surgery on the left side. Medications were ordered including naproxen 550 mg #60, tramadol extended release 150 mg #30, Protonix 20 mg #60, Effexor slow release 75 mg, and Trazodone 50 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT CARPAL TUNNEL RELEASE INCLUDING RELEASE OF A1 PULLEY AND TENOSYNOVECTOMY, LEFT THUMB, GENERAL ANESTHESIA: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 73-77.

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

**Decision rationale:** The ACOEM Guidelines indicate that surgical consultations may be appropriate for injured workers who have red flags of a serious nature and a failure to respond to conservative management including work site modifications. They should have clear clinical and special study evidence of a lesion that has been shown to benefit in the both the long and short term from surgical intervention. Carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction studies before surgery is undertaken. Additionally, for the treatment of trigger finger, 1 or 2 injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger are almost always sufficient to cure symptoms and restore function. The clinical documentation submitted for review failed to provide the documentation of the electrodiagnostic studies that were mentioned in the physician documentation. There was a lack of documentation indicating the injured worker had undergone 1 or 2 injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath and the injured worker's response to the injection (s). Given the above, the request for left carpal tunnel release including release of A1 pulley and tenosynovectomy left thumb general anesthesia is not medically necessary.