

<b>Case Number:</b>	CM14-0195889		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 61-year-old female with a date of injury of 8/1/2013. She has chronic right wrist pain, numbness and tingling. Per AME of 11/11/13 the mechanism of injury was a direct blow from a heavy pizza line lid that fell on the dorsum of her right wrist. She had immediate pain and was referred for medical treatment. X-rays were obtained which revealed an old ulnar styloid tip nonunion. The pain in her wrist persisted and she underwent an MRI scan on 9/23/13. This revealed the ulnar styloid nonunion as well as extensor carpi ulnaris tenosynovitis. Some intrasubstance degenerative changes were noted in the triangular fibrocartilage complex. Per AME report of May 7, 2014 she received some chiropractic treatments and also underwent electrodiagnostic testing on 12/18/2013 which showed some slowing of the median nerve at the right carpal tunnel and ulnar nerve at the right elbow. On examination shoulder range of motion was normal. There was no impingement. Examination of the elbow revealed normal range of motion. There was no tenderness over the medial or lateral epicondyles. There was no tenderness over the ulnar nerve. There was no instability. There was no Tinel's sign over the ulnar nerve. Examination of the right wrist revealed 40 of flexion and 40 of extension. Ulnar deviation was 25 and radial deviation 10. There was slight tenderness over the triangular fibrocartilage complex. There was no Tinel's sign over the median nerve at the carpal tunnel. Phalen's was negative. There was no distal radioulnar joint instability noted. The impression was status post right wrist contusion with right extensor carpi ulnaris tenosynovitis and right flexor carpi ulnaris tenosynovitis. The examiner suggested a corticosteroid injection into the right extensor carpi ulnaris tendon sheath. He also suggested hand therapy twice weekly

for 6-12 weeks. On June 26, 2014 the primary treating physician's follow-up consultation indicates continuing pain in the right wrist on examination there was tenderness to palpation. There was a positive CMC grind test. There was tenderness over the extensor carpi ulnaris tendon, positive Phalen's, positive Tinel's and positive carpal tunnel compression test. There was decreased sensation to light touch in the median distribution. There was mild swelling about the right extensor carpi ulnaris/ulnar aspect of the wrist. Examination on 11/14/2014 revealed a positive carpal tunnel compression test, Phalen's test, and right ulnar fovea sign. The extensor carpi ulnaris tendon was tender to palpation. A prior MRI scan of the right wrist dated 9/23/2013 revealed evidence of tenosynovitis of extensor carpi ulnaris tendon and an ill-defined signal in the triangular fibrocartilage complex with no definite tear demonstrated. The disputed request pertains to a request for arthroscopy of the wrist with debridement, excision versus repair of triangular fibrocartilage complex tear, endoscopic cubital tunnel release, possible open, possible medial epicondylectomy, endoscopic carpal tunnel release, possible open, sixth dorsal compartment release, right wrist, and 12 postoperative occupational therapy sessions. The request was noncertified by utilization review inciting MTUS and ODG guidelines which recommend a comprehensive conservative treatment program prior to surgical considerations. The guidelines support surgery as an option for patients that have failed to improve with an exercise program to strengthen the musculature around the elbow and have failed conservative treatments in the wrist. The ODG guidelines indicate surgery as an option for cubital tunnel syndrome in patients that have failed strengthening exercises for the elbow flexors and extensors, activity modification that includes protecting the ulnar nerve during sleep and use of a splint at night for a 3 month trial.. Evidence-based guidelines do not support carpal tunnel release until the patient has failed activity modification, night resting splinting, nonprescription analgesics, and a home exercise program. With regard to the TFCC tear, the MRI of 9/29/13 does not identify a definite tear. Therefore the request for arthroscopy of the wrist, debridement, excision versus repair of TFCC tear, endoscopic carpal tunnel release, endoscopic cubital tunnel release with possible medial epicondylectomy, and sixth dorsal compartment release was noncertified. This is now appealed to an independent medical review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Wrist arthroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34-34, 37-38. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand (Acute & Chronic), Elbow (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 270,18, 19.. Decision based on Non-MTUS Citation Section: Carpal tunnel syndrome, Elbow, Topic: Surgery for cubital tunnel syndrome

**Decision rationale:** With regard to the request for a wrist arthroscopy and triangular fibrocartilage complex debridement or repair, the available documentation does not indicate MRI

evidence of a TFCC tear. The MRI scan of 9/29/2013 revealed some degenerative change in the area of the TFCC but no definite tear was documented. California MTUS guidelines indicate surgical considerations in the presence of clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long-term from surgical intervention. As such, the request for arthroscopy and debridement/excision or repair of the TFCC is not supported and the medical necessity is not established. With regard to the request for a cubital tunnel release, the documentation does not indicate that conservative therapy has been exhausted. ODG guidelines recommend an initial period of conservative treatment requiring strengthening exercises for the elbow flexors and extensors isometrically and isotonicly within 0-45, activity modification and protection of the ulnar nerve from prolonged elbow flexion during sleep and protection of the nerve during the day by avoiding direct pressure or trauma, medications including nonsteroidal anti-inflammatory drugs, pad/splint including night splinting for a 3 month trial and daytime immobilization for 3 weeks if symptoms do not improve with splinting. If the symptoms do improve, continue conservative treatment for at least 6 weeks beyond the resolution of symptoms to prevent recurrence. With regard to carpal tunnel release, ODG guidelines indicate presence of muscle atrophy and severe weakness of thenar muscles and 2 point discrimination test greater than 6 mm for severe carpal tunnel syndrome with positive electrodiagnostic testing. For not so severe carpal tunnel syndrome the criteria include an abnormal Katz diagram score, nocturnal symptoms, Flick sign, 2 of the physical findings including compression test, Semmes- Weinstein monofilament test, Phalen sign, Tinel sign, decreased 2 point discrimination, and mild thenar weakness. And initial conservative treatment requiring 3 of the following: Activity modification greater than 1 month, night wrist splint greater than 1 month, nonprescription analgesia, home exercise training, and successful initial outcome from corticosteroid injection trial. Documentation of 8/29/14 indicates that the injured worker was not using a wrist splint at nighttime. The conservative treatment has not been exhausted per guidelines and the criteria have not been partially met. As such, the requested surgery is not supported and the medical necessity is not substantiated.

**(Associated Surgery Services) 12 post-operative Occupational therapy sessions:** 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 & Chronic)

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

**Decision rationale:** Since the primary procedure is not medically necessary, note of the associated services are medically necessary.