Case Number:	CM14-0199312		
Date Assigned:	12/09/2014	**Date of Injury:**	02/19/2014
Decision Date:	02/25/2015	**UR Denial Date:**	11/18/2014
Priority:	Standard	**Application Received:**	11/26/2014

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: Oregon
Certification(s)/Specialty: Plastic Surgery, Hand 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:

Per the initial report by [redacted] on 10/29/14, the patient's subjective findings included tenderness, pain, numbness, and stiffness of the patient's hand. The **live findings, included thenar atrophy and orthopedic findings indicating carpal tunnel syndrome and De Quervain's tenosynovitis, A review of the submitted records show the patient had an ongoing diagnosis of carpal tunnel syndrome and De Quervain's tenosynovitis. The records do not show any conservative treatments provided foreither condition, An EMG/NCV test on 9/3/14, revealed moderate to severe right carpal tunnel syndrome and moderate left ulnar neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right carpal tunnel release and right De Quervain's: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270, 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery, Carpal Tunnel Release, and Carpal Tunnel Syndrome (acute and chronic)

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

Decision rationale: The procedures are not medically necessary. Per the ACOEM guidelines, Chapter 11, page 266, DeQuervains tendinitis, if not severe, may be treated with a wrist-and-thumb splint and acetaminophen, then NSAIDs, if tolerated, for four weeks before a corticosteroid injection is considered. Per the ACOEM guidelines, Chapter 11, page 271, "The majority of patients with DeQuervains syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervains tendinitis. Surgery, however, carries similar risks and complications as those already mentioned above (see Carpal Tunnel Syndrome), including the possibility of damage to the radial nerve at the wrist because it is in the area of the incision." The patient has not had a trial of conservative therapy. The Dequervains release should not be certified. The surgeon has entered a combined requiest for carpal tunnel and DeQuervains release as a single request. Because the DeQuervains release is not medically necessary, the entire request is not medically necessary.

1 Cold Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: California MTUS ACOEM Forearm, Wrist, and Hand Complaints, page 265, ODG Forearm, Wrist, Hand California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Second Edition, 2004, Forearm. Wrist, and Hand Complaints, page 265: 'patients' at--home applications of heat or cold packs may be used before or alter exercises and are as effective as those performed by a therapist.

1 Sling: Upheld

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

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.

Decision rationale: MTUS, ACOEM and ODG are silent regarding sling. Peer reviewed literature does not support splinting or sling following carpal tunnel release. According to Isaac et al, "We conclude that there is no beneficial effect from post-operative immobilization after open carpal tunnel decompression when compared to early mobilization." Curr Rev Musculoskelet Med. 2010 Jul 11; 3(1-4):11-7. Does wrist immobilization following open carpal

tunnel release improve functional outcome? A literature review. Isaac SM1, Okoro T, Danial I, Wildin C.

1 TENS/Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post Operative Pain (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Per the MTUS guidelines, "Transcutaneous electrotherapy", page 114, TENS is Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) The patient does not have any of the clinical conditions for which TENS is recommended.

1 Wrist Splint: Upheld

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

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

Decision rationale: Peer reviewed literature does not support splinting or sling following carpal tunnel release. According to Isaac et al, "We conclude that there is no beneficial effect from post-operative immobilization after open carpal tunnel decompression when compared to early mobilization."Curr Rev Musculoskelet Med. 2010 Jul 11; 3(1-4):11-7. Does wrist immobilization following open carpal tunnel release improve functional outcome? A literature review. Isaac SM1, Okoro T, Danial I, Wildin C.