

<b>Case Number:</b>	CM15-0005387		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	12/05/2009
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 50-year-old female who reported an injury on 12/05/2009. The mechanism of injury was the injured worker woke up with her right fingers stuck, and the fingers being stuck was associated with hand and partial arm numbness. The documentation indicated the injured worker had physical therapy and underwent bracing. The documentation of 12/22/2014 revealed the injured worker had an EMG/NCV approximately 4 years previously and multiple trigger finger injections without complete relief. The injured worker's surgical history was noncontributory. The injured worker was stated to be utilizing no medications. The documentation indicated the injured worker received a steroid injection in the right carpal tunnel that was tolerated well. The documentation further indicated that the injured worker should give the injection at least 1 month to work and if the pain did not resolve in 1 month, or if it returned, the injured worker should have a second injection. There was noted to be a discussion of options, including splinting, conservative management, cortisone injections, and surgical release. The injured worker was noted to have opted for right carpal tunnel and right middle finger trigger injection. The documentation indicated the injured worker had classic signs of right carpal tunnel syndrome. The physical examination of the right hand revealed a positive Tinel's, Phalen's, and compression test. The injured worker had full finger extension and flexion, wrist flexion 80 degrees, extension 80 degrees, and supination/pronation arc of motion 120 degrees. The injured worker had decreased sensation over the median nerve distribution. The injured worker underwent an MRI of the right wrist, which revealed no tear of the triangular

fibrocartilage complex. There was mild tendinosis of the flexor carpi ulnaris. There was no Request for Authorization submitted for review.

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

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

**Right carpal tunnel release:** 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 release syndrome, Carpal tunnel release (CTR)

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

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates surgery for carpal tunnel syndrome is appropriate when there is documentation of a failure of conservative care, and there are objective findings upon physical examination of carpal tunnel syndrome. There should also be documentation of positive electrodiagnostic testing, including a nerve conduction study. The injured worker was noted to undergo bracing and therapy. The injured worker has positive findings upon physical examination. The clinical documentation submitted for review indicated the injured worker's electrodiagnostic study was negative. As such, this request would not be supported. Given the above, the request for right carpal tunnel release is not medically necessary.

**Right middle trigger finger release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Wrist, and hand chapter, Percutaneous release

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

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates that 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 of a trigger finger. A procedure under local anesthesia may be necessary to permanently correct persistent triggering. The clinical documentation submitted for review indicated the injured worker underwent a steroid injection on 12/22/2014. There was a lack of documentation of the injured worker's response to the injection. Additionally, there was a lack of documentation indicating the injured worker had triggering upon physical examination. Given the above, the request for right middle trigger finger release is not medically necessary.

