

<b>Case Number:</b>	CM15-0108908		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	03/24/2011
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Maryland, Virginia, North Carolina  
Certification(s)/Specialty: Plastic 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:

This 50 year old woman sustained an industrial injury on 3/24/2011. The mechanism of injury is not detailed. Diagnoses include carpal tunnel syndrome, hand joint pain, and trigger finger. Treatment has included oral medications, steroid injection, and use of protective braces. Physician notes dated 5/8/2015 show complaints of persistent right long term trigger finger, a palpable small cystic mass, worsening of carpal tunnel syndrome, weakness, and loss of dexterity. A steroid injection was administered during this visit. Recommendations included surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Median nerve block and synovectomy:** 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 MOC-PS(SM) CME Article: Self-Assessment and Performance in Practice: The Carpal Tunnel Hentz, Vincent R.; Lalonde, Don H. Plastic & Reconstructive Surgery. 121(4):1-10, April 2008.

**Decision rationale:** The patient is a 50 year old female who was determined to medically necessary indication for right carpal tunnel release. In addition, a median nerve block and flexor tenosynovectomy was requested. There is insufficient justification for a flexor tenosynovectomy as part of a routine carpal tunnel release. There would need to be greater documentation to support this procedure in combination with the carpal tunnel release. As ACOEM and ODG do not adequately address synovectomy, other references were sought. From the reference, with respect to flexor tenosynovectomy in combination with a carpal tunnel release: 'This was advocated more in the past. There are studies that demonstrate that routine flexor synovectomy adds nothing beneficial to the outcome and may serve to increase the morbidity associated with the procedure. Synovectomy may be indicated at the time of carpal tunnel release in those conditions associated with very exuberant tenosynovitis, such as rheumatoid arthritis or amyloidosis, as in renal failure patients.' As further justification was not provided for flexor tenosynovectomy, it should not be considered medically necessary. A median nerve block may be indicated, but as the synovectomy was not considered necessary, this in combination with the median nerve block would not be medically necessary.