

Case Number:	CM15-0133329		
Date Assigned:	07/27/2015	Date of Injury:	09/12/2013
Decision Date:	09/24/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/10/2015

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, Indiana, Oregon
 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 58 year old male, who sustained an industrial injury on 09/12/2013. He has reported subsequent wrist, forearm and hand pain, numbness and tingling, and was diagnosed with right third and fourth finger stenosing tenosynovitis, right long trigger finger release with cystic mass and recurrence, right ring trigger finger release with residuals, right carpal tunnel syndrome right index finger stenosing tenosynovitis and status post right 2nd, 3rd and 4th trigger finger release. Treatment to date has included medication, wrist splinting, corticosteroid injection, physical and occupational therapy and surgery. In a progress note dated 05/22/2015, the injured worker complained of tightness especially in the right index finger, pain in the palm and forearm, numbness and tingling in the right 2nd-4th digits and moderate edema. Objective findings were notable for positive provocative testing for median neuropathy on the right side and a slight amount of induration at the trigger release site. The physician noted that conservative measures for treatment of right carpal tunnel syndrome had failed and that surgery was recommended. A request for authorization of right carpal tunnel release, tenosynovectomy, advanced tissue rearrangement of the hand, peripheral nerve injection with application of short arm splint, pre-operative history and physical medical clearance and post-operative services including continuous passive motion for the finger x 30 day rental, deep vein thrombosis device purchase for the right and left lower extremities, electrical stimulator device purchase, Cephalexin Keflex 500 mg x 7 days #30, Ondansetron OTD Zofran 4 mg #30 x 1 refill, Tylenol No. 4 #90 x 1 refill and scar cream was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release, tenosynovectomy, advanced tissue rearrangement hand, peripheral nerve injection with application of short arm splint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist.

Decision rationale: CA MTUS/ACOEM\do not specifically address neurolysis. According to ODG, Carpal Tunnel syndrome, Carpal Tunnel Release Surgery, Adjunctive procedures: The 2008 AAOS CTS clinical treatment guidelines concluded that surgeons not routinely use the following procedures when performing carpal tunnel release: Skin nerve preservation; & Epineurotomy. The following procedures had no recommendation for or against their use: Flexor retinaculum lengthening; internal neurolysis; Tenosynovectomy; & Ulnar bursa preservation. Therefore, neurolysis and tenosynovectomy is not recommended and the combined request by the treating physician is not medically necessary.

Pre-operative H&P medical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op CPM for finger x 30 day rental: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op DVT device purchase for right and left lower extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op Electrical stimulator device purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op Cephalexin Keflex 500mg x 7 days #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op Ondansetron OTD Zofran 4mg #30 x 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op Tylenol No. 4 #90 x 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op scar cream: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.