MAXIMUS Federal Services

Case Number:	CM15-0146214		
Date Assigned:	08/07/2015	Date of Injury:	03/16/2010
Decision Date:	09/23/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/27/2015

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, Hand 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 was a 66 year old female, who sustained an industrial injury, June 16, 2010. The injured worker previously received the following treatments physical therapy and home exercise program. The injured worker was diagnosed with right wrist sprain with moderate carpal tunnel syndrome per nerve conduction studies on December 6, 2010 and De Quervain's tenosynovitis. Right elbow strain with dynamic cubital tunnel syndrome and medial and lateral epicondylitis and forearm strain. According to progress note of June 11, 2015 the injured worker's chief complaint was right wrist pain. The injured worker described the pain as moderate, frequent, dull and sharp. The injured worker was having increased symptoms in the right wrist of numbness and tingling with weakness with increased activities of daily living with gripping, grasping, lifting and carrying. The physical exam noted right wrist tenderness with palpation over the flexor and extensor tendons. The Tinel's and Phalen's testing were positive eliciting radicular symptoms to the median nerve distribution with decreased sensation. The range of motion of the right wrist was within normal limits. The treatment plan included right carpal tunnel release with possible flexor tenosynovectomy and or medial neurolysis De Quervain's release with possible tenosynovectomy and tenolysis, preoperative medical clearance, postoperative physical therapy and cold therapy unit for postoperative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release with Possible Flexor Tenosynovectomy and/or Median Neurolysis De Quervain's Release with Possible Tenosynovectomy/Tenolysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-271. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed.

Decision rationale: This is a request for multiple surgeries including carpal tunnel release, flexor tenosynovectomy, median neuralysis, first dorsal wrist compartment release and synovectomy. Symptoms are non-anatomic including headaches, bilateral shoulder pain, bilateral upper extremity symptoms and abdominal symptoms. A June 21, 2012 pain diagram completed by the injured worker is inconsistent with a diagnosis of carpal tunnel syndrome and/or deQuervains. Electrodiagnostic testing was reportedly performed, but the results of the testing are not provided for review. In a case such as this with only a minority of symptoms which could be attributed to carpal tunnel syndrome and/or deQuervains, the result of non-surgical treatment such as injections is important to determine if the patient might benefit from surgery. There is no documentation of the results of carpal tunnel or first dorsal wrist compartment injection. The California MTUS notes that the majority of patients with deQuervains syndrome will have resolution of symptoms with conservative treatment (page 271). Carpal tunnel and deQuervains decompression are not indicated at this time. Surgical technique is beyond the scope of the California MTUS, but described in the specialty text referenced which notes, "neuralysis of the median nerve during primary carpal tunnel release is not indicated. Similarly, synovectomy is not indicated during primary carpal tunnel decompression (page 990)." That is, even if carpal tunnel release surgery were appropriate, the additional proposed surgeries are not. As such this request is not medically necessary.

Pre-Op Medical Clearance Evaluation: 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.

8 Post-Op Therapy Sessions: 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.

Associated Surgical Service: Cold Therapy Unit: 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.