

Case Number:	CM15-0146577		
Date Assigned:	08/07/2015	Date of Injury:	09/23/2002
Decision Date:	09/23/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/28/2015

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: 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:

The injured worker is a 34 year old male who sustained an industrial injury on September 23, 2002. The worker is employed as a police officer. A primary treating office visit dated July 02, 2015 reported chief subjective complaint of numbness to bilateral hands. He is currently working. He stated having tried the brace, but felt it did not help and he is still with numbness and tingling in the index and long fingers of both hands. He has attended 4 sessions of physical therapy without any improvement noted. He did state feeling some right ulnar wrist soreness after going to physical therapy and he had not felt this pain previously. Of note, diagnostic nerve conduction study performed on February 14, 2015 showed moderate to severe right greater carpal tunnel syndrome. There is also note of changes found in the paracervical muscles. The assessment found the worker with carpal tunnel syndrome. The plan of care noted involving surgical intervention with carpal tunnel release, left is recommended. There is note of the worker possible cancelling upcoming physical therapy as it cannot be tolerated now and save the allotted visits for post-surgical recovery. The worker is to remain on regular work duty. The injured worker noted being deemed as permanent and stationary on April 30, 2015. A primary follow up dated April 29, 2015 reported the worker being post injection, right on April 15, 2015 with no lasting benefit noted. The following diagnoses were applied: clinical and electrical evidence of moderate to severe bilateral carpal tunnel syndrome; right injection April 15, 2015, probable double crush syndrome, and cervical radiculopathy. The plan of care mentioned exhausting all conservative measures before surgical intervention. Current medication regimen consisted of: Soma, Codeine, and Diclofenac.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left endoscopic carpal tunnel release, possible tenosynovectomy, bursectomy (excision of bursa) at wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 265,270. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Plast Reconstr Surg. 1978 Jan; 61(1):93-6. The effect of various adjuncts on the surgical treatment of carpal tunnel syndrome secondary to chronic tenosynovitis. Freshwater MF, Arons MS. J Hand Surg Am. 1991 Mar; 16(2):211-8. Internal neurolysis fails to improve the results of primary carpal tunnel decompression. Mackinnon SE1, McCabe S, Murray JF, Szalai JP, Kelly L, Novak C, Kin B, Burke GM. Clin Orthop Relat Res. 1988 Feb;227:251-4. Interfascicular neurolysis in the severe carpal tunnel syndrome. A prospective, randomized, double-blind, controlled study. Lowry WE Jr1, Follender AB.

Decision rationale: The carpal tunnel release is medically necessary. According to the ACOEM guidelines, Chapter 11, page 270, Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest postsurgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. This patient has significant symptoms of carpal tunnel syndrome, an exam consistent with carpal tunnel syndrome and positive electrodiagnostic studies for median nerve compression. Per the ACOEM guidelines, carpal tunnel release is medically necessary. The surgeon has also requested tenosynovectomy and bursectomy. According to a study by Freshwater and Arons, A series of 22 patients with carpal tunnel syndrome secondary to chronic tenosynovitis was divided into two groups. The first group was treated by transverse carpal ligament release alone. The second group was treated by transverse carpal ligament release, external neurolysis of the median nerve, flexor synovectomy, and intraoperative corticosteroid instillation. Both groups were comparable preoperatively as to symptoms, signs, and electrophysiological data. At two years postoperatively there were no statistically significant differences in the symptoms, signs, and electrophysiological data in the two groups. The only difference was that patients undergoing release alone were able to return to work earlier than those patients who had the adjunctive procedures. Lowry et al and MacKinnon et al found no benefit to internal neurolysis for the treatment of severe carpal tunnel syndrome. There is no evidence that tenosynovectomy or bursectomy will improve the outcomes of carpal tunnel release. These additional interventions are not medically necessary and therefore the request is not medically necessary.

1 assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services.

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

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

Associated surgical service: 1 short arm splint: 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): 270.

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

1 preop medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery general information and ground rules, California Official Medical Fee Schedule, 1999, pages 92-93.

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

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

1 course of post op occupational therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: MTUS allows up to 8 visits following carpal tunnel surgery. The requested procedures are not medically necessary and therefore the request for therapy is not medically necessary.