

Case Number:	CM15-0148127		
Date Assigned:	08/11/2015	Date of Injury:	01/01/2011
Decision Date:	09/14/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/30/2015

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 is a 50-year-old female, who sustained an industrial injury on 01-01-2011. She has reported injury to the bilateral wrists and shoulders. The diagnoses have included cervical spine sprain-strain; bilateral wrist tendinitis and carpal tunnel syndrome; bilateral shoulder sprain, impingement, and acromioclavicular osteoarthritis; and status post right hand and wrist flexor tenosynovectomy and carpal tunnel release, on 03-31-2015. Treatment to date has included medications, diagnostics, chiropractic therapy, physical therapy, home exercise program, and surgical intervention. Medications have included Norco, Voltaren XR, Cyclobenzaprine, and Zofran. A progress report from the treating physician, dated 06-01-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of continued left wrist pain with numbness and tingling into the hand; the pain level in the left wrist is rated at 7 out of 10 in intensity; the pain in the right wrist is rated at 5 out of 10 in intensity; the right wrist is improving 100% in range of motion; and she would like to proceed with surgery of the left wrist. Objective findings included tenderness to palpation of the bilateral wrists, left greater than right; right wrist with healed surgical scar and negative Tinel's and Phalen's signs; left wrist with increased tenderness, positive Tinel's and Phalen's signs, and decreased sensation at the left median nerve; and bilateral shoulders with tenderness, decreased ranges of motion, and positive impingement and cross arm tests. The treatment plan has included the request for extension left carpal tunnel release surgery with possible flexor tenosynovectomy and median neurolysis; and associated surgical service: pre-operative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension left CTR surgery with possible flexor tenosynectomy and median neurolysis:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-270. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed. Page 990.

Decision rationale: This is a request for carpal tunnel release, flexor tenosynovectomy and median neurolysis. The injured worker has a diagnosis of left carpal tunnel syndrome supported by March 13, 2015 electrodiagnostic testing. Carpal tunnel release surgery would be reasonable. Details of surgical treatment of carpal tunnel syndrome are discussed in the specialty text referenced. Flexor tenosynovectomy is not necessary. Nor is median neurolysis. "Neurolysis of the median nerve during primary carpal tunnel release is not indicated. Similarly, synovectomy is not indicated during primary carpal tunnel decompression." (Page 990) Flexor tenosynovectomy and median neurolysis are not medically necessary or appropriate and therefore the combined request for carpal tunnel release, tenosynovectomy and neurolysis is determined to be medically unnecessary.

Associated Surgical Service: Pre-operative Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=48408>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Noncardiac Surgery: Guidelines and Recommendations Molly A. Feely, Md; C. Scott Collins, Md; Paul R. Daniels, Md; Esayas B. Kebede, Md; Aminah Jatoi, Md; and Karen F. Mauck, Md, MSc, Mayo Clinic, Rochester, Minnesota Am Fam Physician. 2013 Mar 15; 87(6): 414-418.

Decision rationale: An extensive systematic review referenced above concluded that there was no evidence to support routine preoperative testing. More recent practice guidelines recommend testing in select patients guided by a perioperative risk assessment based on pertinent clinical history and examination findings, although this recommendation is based primarily on expert opinion or low-level evidence. In this case, there is no documented medical history to support the need for the requested evaluation; rather, records indicate the injured worker has undergone multiple surgical procedures including cholecystectomy, C-section and carpal tunnel release on March 31, 2015 without medical or anesthetic complications. Therefore, the request is determined to be medically unnecessary.

