

Case Number:	CM15-0168750		
Date Assigned:	09/15/2015	Date of Injury:	04/22/2013
Decision Date:	10/22/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/27/2015

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:

This injured worker is a 55 year old female who reported an industrial injury on 4-22-2013. Her diagnoses, and or impressions, were noted to include: probable left carpal tunnel syndrome associated with flexor tendon tenosynovitis and impingement of the median nerve; left shoulder subacromial impingement syndrome associated with acromioclavicular joint arthritis; carpal tunnel syndrome of left arm; impingement syndrome of left shoulder; moderate disc protrusion at cervical 5-6 with mild-moderate spinal stenosis, bilateral shoulder impingement syndromes, and bilateral carpal tunnel syndromes. The history noted magnetic resonance imaging studies of the wrists in 2010, and electrodiagnostic studies in 2010; and that left carpal tunnel release surgery was recommended immediately following 3 cervical epidural steroid injections; and that she was afraid of needles. No current imaging studies were noted. Her treatments were noted to include: an agreed medical re-evaluation on (March - April, 2015); electrodiagnostic studies of the upper extremities; orthopedic surgeon consultation (2011); left shoulder cortisone injection - ineffective; medication management with toxicology studies; and rest from work. The progress of 7-27-2015 reported constant, severe and radiating neck pain to both shoulder blades, with numbness and tingling in both arms and hands, left > right; unchanged daily headaches; constant, severe left shoulder pain with clicking and popping, and difficulty with overhead motions; constant moderate-severe left wrist and base of thumb pain; that she was taking Motrin, Prilosec, Baclofen and Tizanidine. Objective findings were noted to include: decreased deep tendon reflexes at the triceps and brachioradialis, with decreased strength at the left thumb abductor muscle; specific degrees of left shoulder range-of-motion that was without crepitus;

mild tenderness to the dorsal aspect of the acromioclavicular (AC) joint, moderate-severe at the inferior AC joint; minimal tenderness to the anterior and posterior shoulder capsules; moderately positive rotational impingement test of the left shoulder; an inability to perform an overhead impingement test due to loss of motion; the demonstration of break-away weakness to the internal and external rotator cuffs and supraspinatus muscles; and moderate tenderness over the left wrist carpal tunnel, with minimal tenderness over the radial and ulnar sides, and dorsum, of the left wrist. The physician's requests for treatments were noted to include that she would benefit from the agreed medical evaluation recommendation for left wrist surgery of left carpal tunnel release with a complete flexor tendon tenosynovectomy and a median nerve neurolysis, as well as post-operative physical therapy twice per week for six weeks. The Request for Authorization, dated 7-29-2015, was noted for left carpal tunnel release with complete flexor tendon tenosynovectomy and median nerve neurolysis, and post-operative physical therapy 2 x a week for 6 weeks. The Utilization Review of 12-23-2014 non-certified the requests for left carpal tunnel release with complete flexor tendon tenosynovectomy and median nerve neurolysis, and post-operative physical therapy 2 x a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel release with complete flexor tendon tenosynovectomy and median nerve neurolysis: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria, Surgical Considerations. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed. Chapter 30, Compression Neuropathies.

Decision rationale: This is a request for surgical carpal tunnel release, tenosynovectomy and neurolysis. The documented symptoms are widespread and not consistent with a diagnosis of carpal tunnel syndrome. No electrodiagnostic testing results are provided. Records reviewed from the treating physician are inconsistent; for example, on page 5 of a July 27, 2015 report it reads, "Blood donations for this type of surgery are not normally required. Blood donations for this type of surgery are normally required." There is no documentation of the results of non-operative treatment for presumed carpal tunnel symptoms. Carpal tunnel release surgery is not indicated. Details of surgical technique are beyond the scope of the California MTUS, but discussed in the specialty text referenced. Even if carpal tunnel release were appropriate, concurrent tenosynovectomy and neurolysis are unnecessary and not recommended, therefore is not medically necessary.

Post-operative physical therapy 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: In this case, the proposed surgery is determined to be unnecessary. If carpal tunnel surgery were indicated, the California MTUS notes that, there is limited evidence demonstrating effectiveness of therapy for carpal tunnel syndrome and, carpal tunnel release surgery is a relatively simple operation that should not require extensive therapy visits for recovery (page 15). The guidelines support 3-8 therapy sessions over 3-5 weeks after carpal tunnel release surgery (page 16). An initial course of therapy is defined as one half the maximal number of visits (page 10) 4 sessions following carpal tunnel surgery. Additional therapy sessions up to the maximum allowed is appropriate only if there is documented functional improvement defined as clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment (page 1), therefore is not medically necessary.