

Case Number:	CM15-0183589		
Date Assigned:	09/28/2015	Date of Injury:	01/11/2013
Decision Date:	11/02/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/18/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 female, who sustained an industrial injury on 01-11-2013. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for bilateral wrist pain and right deQuervains. Treatment and diagnostics to date has included injections and medications. Current medications include Norco and Zanaflex. After review of progress notes dated 06-08-2015 and 07-28-2015, the injured worker reported bilateral wrist pain rated 6-8 out of 10. Objective findings included tenderness with extension to right wrist and positive Finkelstein's test. The treating physician noted "no improvement with conservative therapy". The request for authorization dated 07-28-2015 requested right carpal tunnel release with possible flexor tenosynovectomy and-or median neurolysis, preoperative medical clearance evaluation, initial postoperative therapy two times per week for four weeks, continuous cold therapy unit (purchase), bilateral shoulder ultrasound, Norco, and Zanaflex. The Utilization Review with a decision date of 08-31-2015 non-certified the request for right carpal tunnel release with possible flexor tenosynovectomy and-or median neurolysis, postoperative physical therapy to right wrist, and cold therapy unit purchase. Documentation a rheumatologic evaluation stated that selective EDS was performed of the upper and lower extremities noting no evidence of abnormality. Examination noted negative Tinell's, Phalen's and Finkelstein's. Conservative management has included bracing and medical management. Overall, some of the documentation appears illegible, but describes signs and symptoms of possible deQuervains tenosynovitis, with chronic right wrist pain that had failed a

steroid injection. Documentation from 6/30/15 notes a possible cervical radiculopathy and a request for upper extremity electrodiagnostic studies (EDS).

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: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, Carpal Tunnel Syndrome (Acute & Chronic): Carpal tunnel release surgery (CTR).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The patient is a 34 year old female with evidence of chronic right wrist pain and possible DeQuervains tenosynovitis that had failed a previous injection. However, there is insufficient documentation of signs and symptoms of right carpal tunnel syndrome. In addition, EDS have not been documented to be consistent with a right carpal tunnel syndrome. From ACOEM, 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 post surgery 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. Therefore, right carpal tunnel release does not supply recommended guidelines and thus should not be considered medically necessary.

Post-op physical therapy x8, right wrist: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Cold therapy unit 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.