

Case Number:	CM15-0188586		
Date Assigned:	09/30/2015	Date of Injury:	03/08/2013
Decision Date:	11/18/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/24/2015

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 52 year old female, who sustained an industrial injury on 03-08-2013. She has reported injury to the right thumb and right wrist. The diagnoses have included acquired triggering, right thumb, status post trigger release with chronic pain syndrome; incisional neuroma post-operative, right thumb; unstable ulnar collateral ligament metacarpophalangeal, right thumb; first carpometacarpal arthritis; and bilateral carpal tunnel syndrome. Treatment to date has included medications, diagnostics, bracing, injections, acupuncture, physical therapy, and surgical intervention. Medications have included Ultram, Gabapentin, Motrin, Prilosec, and Ambien. A progress report from the treating provider, dated 07-31-2015, documented an evaluation with the injured worker. The injured worker reported she is status post injection to the right thumb; she states that the injection helped only for one week and the pain subsequently returned; she continues to have left wrist pain, bilateral hands pain, and right thumb pain, which she rates at 5 out of 10 in severity on a scale of 0-10; she continues to have severe wrist and hand pain with numbness at the fingertips of both hands; and she has completed a course of physical therapy with no relief. Objective findings included right and left wrist ranges of motion are decreased; there are positive Tinel's and Phalen's tests over the right and left carpal tunnels; there is tenderness at the distal radioulnar joint and the triangular fibrocartilage complex on the right and left; there is an abnormal two-point discrimination over the median nerve distribution at the right and left wrists; and she has weak grip strengths. The treatment plan has included the request for right carpal tunnel release; post-operative wrist sling; post-operative wrist brace; post-operative wrist-forearm immobilizer; and post-operative physical therapy, 2 times weekly for 4-6

weeks, 12 sessions. The original utilization review, dated 08-24-2015, non-certified the request for right carpal tunnel release; post-operative wrist sling; post-operative wrist brace; post-operative wrist-forearm immobilizer; and post-operative physical therapy, 2 times weekly for 4-6 weeks, 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

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

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 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." 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.

Post operative Wrist Sling: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tech Hand Up Extrem Surg. 2012 Jun; 16 (2): 105-6. DOI: 10.1097/BTH.0b013e31824e9f43. A modification of the collar-and-cuff sling to elevate the hand. Cooper L1, Ford KE, Sammut D.

Decision rationale: Per Cooper et al, "Elevation of the hand is routinely sought after surgery and with pathology such as inflammation and infection. Many models of sling have been described. The collar-and-cuff model is a traditional low-cost method that is easily learned and applied is versatile, and customized to each patient. It is, however, frequently misapplied so that it immobilizes the arm but does not produce sufficient elevation." The records do not document the type of sling planned and whether it will be modified to adequately elevate the hand following surgery. Therefore the request is not medically necessary.

Post operative Wrist Brace: Overturned

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): Initial Care.

Decision rationale: Per ACOEM, Chapter 11, page 264: Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. The patient has continued hand pain. She will be undergoing carpal tunnel release. A splint is appropriate to manage her pain following surgery. In addition, splint will be helpful for her ongoing tendonitis. The request is medically necessary.

Post operative Wrist-Forearm Immobilizer: 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): Initial Care.

Decision rationale: Per ACOEM, Chapter 11, page 264: Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. A splint has already been authorized. A wrist immobilizer is similar to a splint. The patient does not require both a splint and a wrist immobilizer. The request is not medically necessary.

Post operative Physical therapy, 2 times weekly for 4-6 weeks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

Decision rationale: MTUS supports up to 8 therapy visits following carpal tunnel release. The surgeon has requested 12 sessions. The records do not provide an explanation for why more than 8 sessions are required for this patient. The request exceeds the guidelines and is not medically necessary.