

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0199072 | | |
| Date Assigned: | 10/14/2015 | Date of Injury: | 03/12/2015 |
| Decision Date: | 12/04/2015 | UR Denial Date: | 09/16/2015 |
| Priority: | Standard | Application Received: | 10/09/2015 |

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 53 year old female with a date of injury on 03-12-2015. The injured worker is undergoing treatment for severe bilateral carpal tunnel syndrome, bilateral DeQuervain's syndrome and bilateral cubital tunnel syndrome. A physician progress note dated 07-22-2015 documents the injured worker has constant pain in her bilateral wrist that has remained unchanged since her last visit. She rates her pain as 7 out of 10 on the Visual Analog Scale. She is having discomfort and difficulty with gripping, grasping, holding and lifting with opening and closing jars and bottles. She also has reports of constant numbness and pins and needles in her bilateral wrist and hands into the distal phalanx along the extensor compartment of the thumb. She has difficulty moving her bilateral thumbs. She has bilateral elbow pain that she rates as 7 out of 10 on the Visual Analog Scale. Right and left wrist range of motion is restricted and painful. Phalen's, Tinel's, Compression sign were positive. There is hypothesis in the right C6 dermatome. She is wearing bilateral wrist braces. There is tenderness to palpation over the dorsum of the right wrist. She has significantly diminished grip strength bilaterally. Compression sign test for ulnar nerve entrapment at the elbow is positive bilaterally. There were x rays taken on 04-29-2015. Surgery was discussed previously and electrodiagnostic study was reviewed at this time and an additional procedure was recommended, DeQuervain's release to the carpal tunnel release and bilateral anterior nerve transposition surgery. Treatment to date has included diagnostic studies, medications, physical therapy, and splinting. She takes Norco for pain. An Electromyography and Nerve Conduction Velocity had done on 05-22-2015 revealed severe bilateral median neuropathy at the wrist (carpal tunnel syndrome) affecting sensory and

motor components. There are bilateral ulnar neuropathies across the elbows-slowness of the bilateral ulnar motor nerves across the elbows with bilateral ulnar sensory axonal neuropathy. There is a suggestion of possible generalized sensory peripheral neuropathy. On 09-16-2015 Utilization Review non-certified the request for One (1) bilateral De Quervain's release, bilateral carpal tunnel release and bilateral anterior ulnar nerve transposition.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) bilateral De Quervain's release, bilateral varpal tunnel release and bilateral anterior ulnar nerve transposition: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Ulnar Nerve Entrapment, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: This is a request for 6 surgeries in the same patient/carpal tunnel release on both sides, first dorsal wrist compartment release on both sides and ulnar nerve decompression and transposition at the elbow on both sides. Records provided are inconsistent. For example the initial report by the requesting surgeon on May 18, 2015 notes no tenderness over the radial styloid and a negative Finkelstein's test which are inconsistent with first dorsal wrist compartment constrictive tendinopathy or deQuervain's and a negative Tinel over the cubital tunnel on both sides which is inconsistent with cubital tunnel syndrome. Electrodiagnostic testing was consistent with severe carpal tunnel syndrome, but has just mild evidence of cubital tunnel syndrome or ulnar neuropathy at the elbow based on slowing of motor conduction from above to below the elbow with normal distal ulnar median and sensory conduction velocities and no evidence of denervation with electromyography of ulnar innervated intrinsic hand musculature. The most recent report by the requesting surgeon on August 6, 2015 lists a diagnosis of "rule out" deQuervain's but recommends adding deQuervain's surgery to the four other proposed surgeries. With objective evidence of severe carpal tunnel syndrome, the proposed carpal tunnel release surgery is appropriate. The California MTUS notes that a decision to perform cubital tunnel surgery "requires significant loss of function, as reflected in significant activity limitations due to the nerve entrapment and that the patient has failed conservative care, including full compliance in therapy, use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, workstation changes (if applicable), and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping." There is no documentation of non-surgical treatment for cubital tunnel syndrome. The guidelines go on to note that, "before proceeding with surgery, patients must be apprised of all possible complications, including wound infections, anesthetic complications, nerve damage, and the high possibility that surgery will not relieve symptoms. Absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate." The requested cubital tunnel release surgeries do not meet guidelines and are determined to be unnecessary. The California MTUS guidelines note on page 271 that "the majority of patients with deQuervain's syndrome

will have resolution of symptoms with conservative treatment." Specifically, deQuervain's symptoms usually resolve with corticosteroid injection. There is no documentation that injections have been performed for presumed deQuervain's. Therefore, the deQuervain's surgeries are determined to be unnecessary. Accordingly, the combined request for 6 surgeries is not medically necessary.