

Case Number:	CM15-0200591		
Date Assigned:	10/15/2015	Date of Injury:	11/14/2014
Decision Date:	12/07/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/13/2015

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, who sustained an industrial injury on 11-14-2014. The medical records indicate that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome; left greater than right, without active denervation, mild to moderate, lateral epicondylitis, right greater than left, mild bilateral cubital tunnel syndrome, and triangular fibrocartilage in the bilateral wrists. According to the progress report dated 8-25-2015, the injured worker presented with complaints of pain in her bilateral wrists, worse on the left, associated with loss of grip strength and weakness in both hands. She notes numbness in the left middle, ring, and small fingers as well as left forearm. The physical examination of the left wrist reveals positive Tinel's sign over the carpal tunnel, radiating into the middle finger. The Phalen's test is positive for volar wrist pain. There is full range of motion of the wrist. Previous diagnostic studies include electrodiagnostic testing of the bilateral upper extremities (abnormal), MRI studies of the left wrist (4-8-2015), and MRA of the left wrist (5-15-2015). The treating physician described the MRI as "0.2 x 0.4 centimeter focal thickness communicating tear between the radial aspect of the triangular fibrocartilage. There is subtle heterogeneity in the membranous component of the scapholunate interosseous ligament, and there is a 1.2 x 0.4 x 1.0 centimeter multilobulated fluid collection along the superficial aspect of the volar radiocarpal ligament". Treatments to date include medication management and physical therapy (did not provide relief). Work status is described as "working normal duty". The original utilization review (9-15-2015) had non-certified a request for open carpal tunnel release on the left with flexor tenosynovectomy and guyon canal decompression and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open carpal tunnel release on the left with flexor tenosynovectomy and guyon canal decompression: Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed. Chapter 30, Compressive Neuropathies. J Bone Joint Surg Am. 2002 Feb; 84-A(2): 221-5. The role of flexor tenosynovectomy in the operative treatment of carpal tunnel syndrome. Shum C1, Parisien M, Strauch RJ, Rosenwasser MP.

Decision rationale: This is a request for a three left wrist surgeries: Carpal tunnel release, tenosynovectomy and ulnar tunnel release. Electrodiagnostic testing performed on April 17, 2015 was consistent with mild median neuropathy at the wrist or carpal tunnel syndrome with the left median sensory peak latency delayed to 4.3 ms and the right to 4.4 ms; distal median motor onset latency fell well within accepted normal limits at 3.1 ms on the left and 3.0 ms on the right. Electrodiagnostic testing was not consistent with compressive ulnar neuropathy at the wrist or ulnar tunnel syndrome-distal ulnar motor onset latency falls well within accepted normal limits at 2.9 ms on both sides and sensory peak latency was normal as well being 3.1 ms on the left and 2.9 ms on the right. Therefore, the objective evidence from the nerve testing is consistent with the fairly common problem of carpal tunnel syndrome, but not consistent with the uncommon problem of ulnar tunnel syndrome or ulnar nerve compression at the wrist. Therefore carpal tunnel release is medically appropriate, but ulnar tunnel release is not needed. Studies have shown that tenosynovectomy is ineffective in the primary treatment of carpal tunnel syndrome and that surgery is also unnecessary. Therefore the combined request for multiple surgeries including ulnar nerve decompression at the wrist and flexor tenosynovectomy is determined to be unnecessary.

Preop medical clearance: Upheld

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

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: This is a request for unspecified medical evaluation before planned wrist surgery. The California MTUS does not address preoperative testing. 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 without medical or anesthetic complications. Therefore, the request is determined to be unnecessary.

Post op occupational therapy 2x6: 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): Carpal Tunnel Syndrome.

Decision rationale: This is a request for 12 therapy sessions following planned surgery for the treatment of carpal tunnel syndrome. The requested multiple surgeries have been determined to be unnecessary, but the appropriate guidelines would be those for patients undergoing carpal tunnel surgery. 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). The requested 12 sessions exceeds guidelines and is determined to be unnecessary.