MAXIMUS Federal Services

Case Number:	CM15-0201248		
Date Assigned:	10/16/2015	Date of Injury:	08/24/2015
Decision Date:	12/07/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/14/2015

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 50 year old male, who sustained an industrial injury on 8-24-2015. The injured worker is undergoing treatment for tenosynovitis, carpal tunnel syndrome and trigger finger. Medical records dated 8-31-2015 and 9-23-2015 indicate the injured worker complains of wrist and hand pain with locking of middle fingers and numbness and tingling in the hands. Pain is rated 7 out of 10. Physical exam dated 9-23-2015 notes "wrist motion is normal," triggering of left ring and middle fingers and positive Phalen's. Treatment to date has included normal X-ray 9-2-2015 of hands, Wellbutrin, valsartan, Nabumetone and acetaminophen. The original utilization review dated 10-2-2015 indicates the request for bilateral carpal tunnel release and right ring finger trigger finger is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Carpal Tunnel Release and Right Ring Finger Trigger Finger: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, Surgical Considerations. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2004 Work Relatedness Chapter 4 page 65; Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter (Online Version).

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

Decision rationale: This is a request for multiple surgeries: Right carpal tunnel release, left carpal tunnel release and right ring finger tendon sheath release for triggering. Records provided are limited and inconsistent. A doctor's first report of occupational injury or illness dated August 24, 2015 specifically notes no triggering in either hand and recommends therapy, MRI and hand surgery consultation. A September 17, 2015 report notes that therapy has not been initiated and MRI has not been performed. A September 28, 2015 report notes no triggering and suggests that electrodiagnostic testing was performed, but does not provide the results. In cases of suspected carpal tunnel syndrome, the diagnosis should be supported by electrodiagnostic testing before surgery is recommended if that testing has been performed, the results have not been provided for review. There is no documentation of routine non-surgical treatment for carpal tunnel syndrome including night splinting and carpal tunnel injection. The California MTUS notes that one or 2 injections are, "almost always sufficient to cure" trigger fingers (page 271). Records provided indicate there is no triggering on examination and there is no documentation of injection having been performed. Based on the information provided, the multiple surgeries requested are not medically necessary at this time.