

Case Number:	CM15-0203752		
Date Assigned:	10/20/2015	Date of Injury:	08/18/2013
Decision Date:	12/03/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/16/2015

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:

This injured worker is a 26 year old female, who sustained an industrial injury on 08-18-2013. The injured worker was diagnosed as having bilateral carpal tunnel syndrome. On medical records dated 09-11-2015 and 08-25-2015, the subjective complaints were noted as status post left carpal tunnel release on 07-27-2015. Objective findings were noted as related to right upper extremity. The injured worker was noted to be off work until 10-07-2015. The provider recommended a right wrist carpal tunnel release. Current medications were not listed on 09-11-2015. The Utilization Review (UR) was dated 10-14-2015. A Request for Authorization was dated 10-08-2015. The UR submitted for this medical review indicated that the request for tenosynovectomy flexors and PA-C assistant was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tenosynovectomy Flexors: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MOC-PS (SM) CME Article: Self-Assessment and Performance in Practice: The Carpal Tunnel Hentz, Vincent R.; Lalonde, Don H. Plastic & Reconstructive Surgery. 121 (4): 1-10, April 2008.

Decision rationale: The patient is a 26 yo female who was certified for a right carpal tunnel release. A tenosynovectomy of the flexor tendons was requested in addition to the release. There is insufficient justification for a flexor tenosynovectomy as part of a routine carpal tunnel release. There would need to be greater documentation to support this procedure in combination with the carpal tunnel release. As ACOEM and ODG do not adequately address synovectomy, other references were sought. From the reference, with respect to flexor tenosynovectomy in combination with a carpal tunnel release: 'This was advocated more in the past. There are studies that demonstrate that routine flexor synovectomy adds nothing beneficial to the outcome and may serve to increase the morbidity associated with the procedure. Synovectomy may be indicated at the time of carpal tunnel release in those conditions associated with very exuberant tenosynovitis, such as rheumatoid arthritis or amyloidosis, as in renal failure patients.' As further justification was not provided for flexor tenosynovectomy, it should not be considered medically necessary.

PA-C Assistant: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Book Chapter, Basic Surgical Technique and Postoperative Care. David L. Cannon Campbell's Operative Orthopaedics, Page Number: Chapter 64, 3200-3220.

Decision rationale: The patient is a 26 year old female who was certified for right carpal tunnel release. A request for an assistant was made. The request for an assistant was denied stating that one should not be needed. Although carpal tunnel release is a relatively straightforward procedure, adequate exposure and retraction is necessary to prevent injury, especially to the median nerve, its branches and vascular structures. Therefore, this service should be considered medically necessary. ODG and ACOEM do not provide adequate guidelines for an assistant for this type of case. From the above reference with respect to hand surgery, the role of the assistant surgeon is defined: 'Seated opposite the surgeon, the assistant should view the operative field from 8 to 10 cm higher than the surgeon to allow a clear line of vision without having to bend forward and obstruct the surgeon's view. Although mechanical hand holders are available, they are not as good as a motivated and well-trained assistant. It is especially helpful for the assistant to be familiar with each procedure. Usually, the primary duty of the assistant is to hold the patient's hand stable, secure, and motionless, retracting the fingers to provide the surgeon with the best access to the operative field.' Thus, the role and importance of an assistant surgeon is well-defined and should be considered medically necessary in this case. The UR review does not provide sufficient rationale for non certifying the assistant. In addition, the documentation provided in the UR from the American Association of Orthopedic Surgeons states that 'The ultimate decision as to the need for a surgical assistant must remain with the operating surgeon.' Thus, this would support the use of an assistant. The request is medically necessary.