MAXIMUS Federal Services

Case Number:	CM15-0208659		
Date Assigned:	10/27/2015	Date of Injury:	01/27/2012
Decision Date:	12/14/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/22/2015

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 64 year old male, who sustained an industrial injury on 01-27-2012. He has reported injury to the low back and bilateral upper extremities. The diagnoses have included acquired spondylolisthesis; lumbosacral spondylosis without myelopathy; degeneration of lumbar or lumbosacral intervertebral disc; depression; status post left carpal tunnel release, on 08-09-2012, with recurrence and positive nerve conduction studies; right moderate to severe carpal tunnel syndrome; and rule out right thumb and index and middle finger trigger fingers. Treatment to date has included medications, diagnostics, lumbar epidural steroid injection, lumbar medial branch blocks, psychotherapy, surgical intervention, physical therapy, home exercise program. Medications have included Norco, Naproxen, Zoloft, Elavil, Temazepam, and Omeprazole. A progress report from the treating provider, dated 09-22-2015, documented an evaluation with the injured worker. The injured worker reported ongoing difficulty with both arms; the symptoms on the right are greater than the left and include constant numbness and tingling of the radial three fingers and aching which at times can radiate into the hand and forearm and elbow; he reports frequent electrical shocks from his wrist into his middle fingers; these symptoms occur despite using splints nightly; increasing weakness and in-coordination in the hand and occasional cramping; he is having pain that is intermittent at the base of the thumb and index and middle fingers; he has been treated with therapy, several months of nighttime splinting, work and activity modification, and non-steroidal anti-inflammatory medications; and the symptoms have not improved and have worsened despite these measures. Objective findings included mild edema noted at the dorsal web spaces of the right hand in particular; previous carpal tunnel release scar on the left is well-healed; range of motion is within normal

limits; the ulnar nerve is non-tender within the cubital tunnel; carpal tunnel compression test and Phalen's test are positive bilaterally with increase in paresthesia and aching almost immediately bilaterally; Tinel's sign is positive overlying the carpal tunnel; there is no particular thenar atrophy although there is weakness noted, right more so than left; there is tenderness at the A1 pulley of the right thumb and index and middle finger A1 pulleys; and there is pain with hyperextension. The treatment plan has included the request for 1 right carpal tunnel release with possible trigger finger release of thumb, index, and middle fingers; 1 post-op custom splint; unknown post-op occupational-physical therapy treatments; and post-op Norco 10-325mg #45 with 1 refill. The original utilization review, dated 10-05-2015, non-certified the request for 1 right carpal tunnel release with possible trigger finger release of thumb, index, and middle fingers; 1 post-op custom splint; unknown post-op occupational-physical therapy treatments; and post-op Norco 10-325mg #45 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right carpal tunnel release with possible trigger finger release of thumb, index, and middle fingers: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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. Trigger finger releases are also medically necessary. The patient is having surgery for carpal tunnel, and release of the triggers at the same time will allow one-time recovery for all conditions. Patients with multiple triggers are less likely to respond to steroid injections, and the patient is likely to require a second surgical session for trigger finger management if the triggers are treated with injection while the carpal tunnel is managed surgically.

1 Post-op custom splint: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute and Chronic), Splinting.

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

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. ACOEM supports splints to facility return to work and pain management. The patient is to undergo surgery for carpal tunnel and trigger finger. A splint will be helpful for pain management following surgery. The request is medically necessary.

Unknown post-op occupational/physical therapy treatments: Upheld

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

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

Decision rationale: MTUS allows 8 therapy visits following carpal tunnel release and 9 therapy sessions following trigger finger release. The patient will require therapy following surgery, but the request does not specify a number of sessions. Therefore, the request is not medically necessary due to the lack of specificity.

Post-op Norco 10/325mg #45 with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 11 (Forearm, Wrist and Hand Complaints: Hand/Finger Osteoarthritis) 2009, page 151.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: MTUS does not address opiates for postoperative pain. Per ACOEM, Chapter 3, pages 47-48, Opioids: "Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time." The patient is likely to have severe pain following surgery, and a short course of an oral opiate is indicated to manage the anticipated postoperative pain. The request is medically necessary.