

Case Number:	CM15-0022400		
Date Assigned:	03/27/2015	Date of Injury:	04/18/2014
Decision Date:	05/12/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/06/2015

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

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 56-year-old female who reported an injury on 05/26/2011. The mechanism of injury was overuse of the hand, arm, neck, and repetitive use. Prior therapies included 6 visits of physical therapy and a right hand splint. The injured worker underwent a left elbow injection in 07/2014. The injured worker underwent electrodiagnostic studies on 11/11/2014 which revealed a slightly abnormal slowing of the right ulnar nerve across the elbow, consistent with a relatively mild right cubital tunnel syndrome. There was no other acute or chronic neuropathic finding in the studies. The documentation of 10/10/2014 revealed the injured worker was still having pain in her elbow. The injured worker had pain at the base of her neck and low back. The injured worker indicated it was difficult to write. The injured worker was noted to have crepitus in the intersection of the first and second extensor compartment in the left distal forearm. There was no specific muscle or tendon weakness identified. Sensation was noted to be normal bilaterally. The injured worker had aggravation of symptoms with the Tinel's testing at the elbow on the left. Bilaterally, the injured worker had an aggravation of symptoms with flexion times 1 minute. The injured worker had Tinel's, Phalen's, and Durkan's aggravation of symptoms bilaterally. There was tenderness to palpation of the left first dorsal extensor compartment and at the intersection of the first and second extensor compartments. The injured worker had a positive Finkelstein's test on the left and a positive CMC grinding maneuver bilaterally. The injured worker had plain films of the bilateral wrists and hands which revealed trapezium spurring at the bilateral CMC joints and mild scaphoid narrowing bilaterally. There was no evidence of fracture, dislocation, or effusion. The injured worker was noted to have been

given a cortisone injection in the left cubital tunnel to rule out cubital tunnel syndrome. The injured worker had some pain in the left thumb base. The injured worker's pain was a 4/10. The injured worker was noted to be diagnosed with left thumb carpometacarpal arthritis. The injured worker had pain to the right wrist and some mild tenderness at the left CMC joint. the diagnoses included bilateral median nerve entrapment at the wrist, bilateral ulnar nerve entrapment at the elbows, left De Quervain's tenosynovitis, bilateral thumb CMC joint osteoarthritis, left intersection syndrome, bilateral radioscaphoid narrowing radiographically, and right middle, ring, and small fingers tenosynovitis with no triggering. The medications included topical lido, diclofenac sodium, cyclobenzaprine, and omeprazole. The treatment plan included a thumb spica splint for nightly use, Exos wrist splint for nightly use, EMG/NCS of the bilateral upper extremities, occupational therapy, and an MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Median Nerve Decompression at Wrists with Pinning with Possible Axillary Blk:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 and 271.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate that a referral for hand surgery consultation may be indicated for injured workers who have red flags of a serious nature; fail to respond to conservative management, including worksite modifications, and who have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. The clinical documentation submitted for review indicated the injured worker had objective findings upon examination. However, the specific rationale for the request was not provided. There was a lack of documentation indicating a necessity for pinning as there was no documentation of instability. There was a lack of documentation of a failure of conservative care. The electrodiagnostic studies indicated the injured worker had abnormal slowing in the ulnar nerve across the elbow, which indicated mild right cubital tunnel syndrome. However, there was a lack of documentation of findings in the median nerve at the wrists. Given the above, the request for bilateral median nerve decompression at wrists with pinning with possible axillary block is not medically necessary.

Bilateral Thumb CMC Resection Arthroplasty with Pinning with Possible Axillary Block:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist & Hand Chapter, Arthrodesis (fusion).

Decision rationale: The Official Disability Guidelines indicate that an arthrodesis is recommended if there is severe post-traumatic arthritis of the wrist, thumb, or digit after 6 months of conservative therapy. There was a lack of documentation of the duration of conservative care. There was a lack of documentation indicating specific treatment that had been directed at the thumbs. There was a lack of documentation indicating a necessity for a resection with pinning as there was a lack of documentation of instability. Given the above, the request for bilateral thumb CMC resection arthroplasty with pinning with possible axillary block is not medically necessary.

Left De Quervain's Release with Possible Axillary Block: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 and 271.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate that a referral for hand surgery consultation may be indicated for injured workers who have red flags of a serious nature; fail to respond to conservative management, including worksite modifications, and who have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. For DeQuervains there should be documentation of a failure of bracing and steroid injections. The clinical documentation submitted for review failed to provide recent objective findings. There was a lack of documentation of the duration of conservative care. Additionally, there was a lack of documentation indicating a failure of bracing and steroid injections. Given the above, the request for a left De Quervain's release with possible axillary block is not medically necessary.

Pre-Op Medical Clearance including Labs, X-Ray and EKG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Occupational Therapy 3 Times A Week for 4 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Bilateral Thumb CMC Joint Injections with Ultrasound Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262-264.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that steroid injections are recommended for the treatment of De Quervain's syndrome and carpal tunnel syndrome. The rationale for the request was not provided. The request as submitted failed to indicate the quantity of injections being requested. Given the above, the request for bilateral thumb CMC joint injections with ultrasound guidance is not medically necessary.