

Case Number:	CM15-0027259		
Date Assigned:	02/19/2015	Date of Injury:	09/22/2013
Decision Date:	03/31/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/12/2015

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: Illinois, California, Texas
 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 32-year-old male who sustained a work related injury on 9/22/13. He sustained 3rd, 4th, and 5th metacarpal fractures of the right hand and underwent open reduction and internal fixation. The 10/30/14 electrodiagnostic study progress report cited findings of right carpal tunnel syndrome, moderate to severe. The 1/13/15 treating physician report indicated that the patient had on-going symptoms of hand discomfort, numbness and tingling, and decreased range of motion. He complained of hardware prominence, cold intolerance and extensor irritation. Physical exam documented very prominent hardware in the dorsal aspect of hand, especially over the 3rd metacarpal. There was evidence of flexor tenosynovial thickening and mild adhesions, and discomfort over the distal aspect of the 3rd finger extensor mechanism. Right 5th finger metacarpal joint range of motion was only 40 degrees with mild extensive tenosynovial thickening and very mild carpometacarpal discomfort that increase with more flexion. Carpal compression testing was distinctly positive along with Tinel's over the median nerve at the wrist. Surgery was requested. On 2/2/15, a request for a right carpal tunnel release, hardware removal right 3rd and 5th metacarpal release tenolysis, right MP joint/right carpal tunnel syndrome, was modified to partial certification: right hardware removal right 3rd and 5th metacarpal release tenolysis, right MP joint by utilization review, noting the California Medical Treatment Utilization Schedule Guidelines and American College of Occupational and Environmental Medicine Guidelines. The carpal tunnel release was non-certified based on an absence of electrodiagnostic evidence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right CTR hardware removal right 3rd, 5th metacarpal release tenolysis, right MP joint/R CTS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Procedure Summary; Forearm, Wrist & Hand Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Forearm, Wrist & Hand: Hardware implant removal (fracture fixation); Tenolysis

Decision rationale: The Official Disability Guidelines do not recommend the routine removal of hardware implanted for fracture fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. The Official Disability Guidelines criteria for flexor tenolysis include patient willingness to commit to a rigorous course of physical therapy as vigorous postoperative ROM is required, and have good strength in flexor and extensor muscles of the hand with intact nerves to flexor muscles. The California MTUS guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. Guideline criteria have now been met. The utilization review of 2/2/15 certified the request for right hardware removal right 3rd and 5th metacarpals, and release tenolysis, right MP joint. The request for concomitant right carpal tunnel release was denied as there was no electrodiagnostic in the records supporting the diagnosis. Review of records provided documented electrodiagnostic findings of moderate to severe right carpal tunnel syndrome. Clinical exam findings and electrodiagnostic evidence confirm the diagnosis of carpal tunnel syndrome. The patient has failed reasonable and conservative care. Therefore, this request is medically necessary.