MAXIMUS Federal Services

Case Number:	CM15-0215172		
Date Assigned:	11/05/2015	Date of Injury:	10/26/2012
Decision Date:	12/22/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/02/2015

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 54-year-old female, with a reported date of injury of 10-26-2012. The diagnoses include right carpal tunnel syndrome, left carpal tunnel syndrome, and right synovitis and tenosynovitis. The medical report dated 10-07-2015 indicates that the injured worker continued to have numbness and tingling in the right hand and significant pain with limited mobility of the right thumb. The medical report dated 09-02-2015 indicates that the injured worker continued to have right thumb pain and significant limitation of motion of the right thumb. The physical examination (10-07-2015) showed right thumb IP (interphalangeal) at 40-60; moderate tenderness with mild-to-moderate swelling at the A1 pulley base of the right thumb; full range of motion in all remaining digits on the right hand and wrist; positive Tinel's at the medial nerve right wrist; positive Tinel's at the medial nerve left wrist; right grip at 10; and left grip at 5. The physical examination (09-02-2015) showed tenderness at the A1 pulley base of the right thumb; right thumb IP 35-55; intact sensory and motor exam; full range of motion in all fingers on the right hand and in all digits of the left hand and both wrists; positive Tinel's a the median nerve at both wrists; positive Phalen's bilaterally; right grip at 5; and left grip at 5. The injured worker's disability status was noted as temporary total disability. The diagnostic studies to date have included electrodiagnostic testing on 09-16-2015 showed mild-to-moderate carpal tunnel syndrome bilaterally. Treatments and evaluation to date have not been specified. It was noted that the injured worker was not taking any medications. The request for authorization was dated 10-12-2015. The treating physician requested open carpal tunnel release, tenovaginotomy right thumb, and flexor tenosynovectomy, post-operative occupational

physical therapy three times a week for four weeks, and Norco 10/325mg #30. On 10-19-2015, Utilization Review (UR) non-certified the request for Norco 10/325mg #30; and modified the request for open carpal tunnel release, tenovaginotomy right thumb, and flexor teno-synovectomy to open carpal tunnel release and post-operative occupational physical therapy three times a week for four weeks to four (4) post-operative occupational physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open carpal tunnel release, tenovaginotomy right thumb, flexor tenosynovectomy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed. Chapter 30, Compression Neuropathies.

Decision rationale: This is a request for right carpal tunnel release, release of the right thumb flexor tendon sheath and flexor tenosynovectomy. Records indicate the individual is a 54-year-old woman with pain in the neck and both upper extremities attributed to the cumulative effects of occupational activities dating back to 2012. Bilateral carpal tunnel release surgery was performed in 2013 without relief. Present symptoms are diffuse including the worst imaginable pain in her neck 10 over 10 and both upper extremities. Such symptoms are not consistent with carpal tunnel syndrome. The requesting surgeon noted in his initial report that paresthesias are in "all digits" this is also inconsistent with carpal tunnel syndrome. Electrodiagnostic testing performed on September 16, 2015 was just mildly abnormal with the distal median motor onset latency being normal on both sides 3.9 ms on the left and 4.2 ms on the left --and electromyography being normal; median sensory peak latency was mildly delayed at 3.7 ms on the left and 4.0 ms on the right. Indications for additional surgery after failed carpal tunnel release surgery are not discussed in the California MTUS guidelines. This is a rare clinical scenario discussed in the specialty text referenced. In this case, reported symptoms are not consistent with carpal tunnel syndrome. Carpal tunnel release has already been performed and failed. Revision surgery for the same symptoms has a higher failure rate. September 16, 2015 electrodiagnostic testing is just mildly abnormal and was not compared to pre-surgical testing. There was no substantial improvement with carpal tunnel injection, also inconsistent with persistent or recurrent carpal tunnel syndrome as a primary source of the diffuse, non-anatomic symptoms. In this case, carpal tunnel release is not reasonably expected to bring about functional improvement and is not recommended. The tendon sheath incision surgery is for a trigger thumb. The California MTUS notes that for trigger fingers, "one or 2 injections of lidocaine and corticosteroid into or near the thickened area of the flexor tendon sheath of the affected finger are almost always sufficient to cure symptoms and restore function" (page 271). There is no documentation of clinical thickening of the origin of the thumb flexor tendon sheath or triggering on exam nor that injection has been performed and therefore trigger finger surgery is not medically necessary. There is no medical indication for the proposed tenosynovectomy.

Therefore, the combined request for 3 surgeries including revision carpal tunnel release, trigger thumb release and flexor tenosynovectomy is determined to be unnecessary.

Post op occupational physical therapy 3 times a week for 4 weeks: 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): Carpal Tunnel Syndrome.

Decision rationale: This is a request for 12 therapy sessions after proposed carpal tunnel surgery. The surgery has been determined to be unnecessary; if the surgery were necessary, the post-surgical guidelines for carpal tunnel would be appropriate. The California MTUS notes that, "there is limited evidence demonstrating effectiveness" of therapy for carpal tunnel syndrome and, "carpal tunnel release surgery is a relatively simple operation" that should not require extensive therapy visits for recovery (page 15). The guidelines support 3-8 therapy sessions over 3-5 weeks after carpal tunnel release surgery (page 16). An initial course of therapy is defined as one half the maximal number of visits (page 10) - 4 sessions following carpal tunnel surgery. Additional therapy sessions up to the maximum allowed is appropriate only if there is documented functional improvement defined as clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment (page 1). This request exceeds guidelines and is unnecessary.

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: This is a request for 30 10-milligrams Norco tablets to be used following proposed carpal tunnel surgery. Short-term usage of narcotics to help manage post-operative pain is reasonable, but the dosage and duration should always be kept to a minimum to avoid complications such as physical and psychological dependence. In this case, the proposed surgery has been determined to be unnecessary and therefore the prescribed hydrocodone/acetaminophen is unnecessary.