

<b>Case Number:</b>	CM15-0031472		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	01/10/2011
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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 49-year-old female who reported an injury on 01/10/2011. The mechanism of injury was not specifically stated. The current diagnoses include right carpal tunnel syndrome, flexor tenosynovitis of the right wrist and hand, compression of the arterial palmar arch of the right hand, tendon adhesions in the right hand and wrist, fasciitis of the right antebrachial fascia, and neuropraxia of the median nerve. The injured worker presented on 12/15/2014 for an evaluation of the right wrist. The injured worker noted increasing pain and discomfort in the right hand and wrist. The injured worker also reported having difficulty opening jars, smashing beans, and driving. The pain was progressive in the bilateral hands, right worse than left. The injured worker was also frequently awakened at night with pain in the bilateral hands. Upon examination of the right wrist there was 65 degree palmar flexion, 45 degree dorsiflexion, negative Tinel's sign, positive Phalen's and Durkan's test on the right, and weakness of the thenar muscles on the right. There was numbness over the median nerve distribution on the right compared to the left. Recommendations at that time included a right wrist flexor tenosynovectomy with carpal tunnel release, decompression of the arterial palmar arch, and neurolysis of the median nerve. A Request for Authorization form was then submitted on 12/15/2014 for the surgical procedure as well as medical clearance, postoperative durable medical equipment, postoperative physical therapy and acupuncture, and postoperative medication, as well as transportation to the surgery center.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Wrist Flexor Tenosynovectomy and Carpal Tunnel Release including Decompression Arterial Arch (Palmar Arch), Neurolysis Median Nerve with use of 3.5 x power lenses, Tenolysis of Flexor Tendon Right Wrist and Hand, Fasciotomy Distal Antebrachial Fascia Right Wrist and Exploration with Epineuroly: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Carpal Tunnel Syndrome (updated 11/11/14), Carpal Tunnel Release Surgery (CTR), ODG Forearm Wrist & Hand (updated 11/13/14), Tenolysis and Dupuytren's Release.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Carpal Tunnel Release.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state carpal tunnel syndrome must be proved by positive findings on clinical examination and supported by nerve conduction studies. Patients with only mild symptoms display poor post surgery results. In this case, it was noted that the injured worker had findings of mild bilateral median sensory neuropathy in 02/2013. However, there was no documentation of an exhaustion of all conservative treatment. The Official Disability Guidelines recommend initial conservative treatment to include activity modification, night splinting, nonprescription analgesia, home exercise, and a successful initial outcome for a corticosteroid injection trial. Furthermore, the Official Disability Guidelines do not recommend adjunctive procedures, to include a tenosynovectomy, when performing a carpal tunnel release. Given the above information, the request is not medically appropriate at this time.

**Pre-Operative Medical Clearance Consultation with Internist exam to include EKG, Chest X-ray and Labs (CBC, PT/PTT/ Chem 12 and UA): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

**IF Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

**Micro Cool:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

**DVT Compression Pump & Stocking:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

**Wrist Brace and Smart Glove:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

**Post-Operative Physiotherapy (12 visits, 3 times a week for 4 weeks):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

**Post-Operative Acupuncture (12 visits, 2 times a week for 6 weeks):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

**Transportation cost to and from trial location and local transportation cost to surgery center:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

**Post-Operative Medication: Norco 5/325mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

**Post-Operative Medication: Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.