

Case Number:	CM15-0033221		
Date Assigned:	02/27/2015	Date of Injury:	10/06/2005
Decision Date:	04/20/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/23/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 54-year-old female, with a reported date of injury of 10/06/2005. The diagnoses include acute carpal tunnel syndrome and acquired trigger thumb. Treatments have included oral medications. The medical report dated 12/12/2014 indicates that the injured worker was concerned about having numbness in the right hand and having triggering in the right thumb. The physical examination showed positive Phalen's test at the right wrist, a negative Tinel test at the right carpal tunnel, temporary total disability of the right thumb A1 pulley, and right thumb triggering when extended from a flexed position. The treating physician recommended an outpatient right thumb A1 pulley release; an outpatient right carpal tunnel release; twelve post-operative physical therapy sessions; and preoperative EKG, complete blood count, and complete metabolic panel. The rationale for the request was not indicated. On 02/06/2015, Utilization Review (UR) denied the request for an outpatient right thumb A1 pulley release; an outpatient right carpal tunnel release; twelve post-operative physical therapy sessions; and preoperative EKG, complete blood count, and complete metabolic panel. The UR physician noted that there was no documentation of adequate conservative treatment; no documentation of abnormal Katz hand diagram scores, limited signs, and a lack of initial conservative treatment; and since the surgery was not certified, the associated request were not certified. The MTUS Chronic Pain Guidelines and the non-MTUS Official Disability Guidelines were cited. Stated electrodiagnostic findings from 10/3/14 note borderline to minimal right carpal tunnel syndrome. The patient is noted to be fearful of injections of the right thumb or carpal tunnel. No further detail is provided

for this reasoning. Conservative management has included medical management. There has not been evidence of splinting for the right carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right thumb A1 pulley release: Upheld

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

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

Decision rationale: The patient is a 54 year old female with evidence of right thumb trigger finger. There is no evidence of a previous steroid injection for treatment. The patient is noted to be fearful of injections, but no further clarification for a medical justification has been provided. From ACOEM, page 271: One or two injections of lidocaine and corticosteroids 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. A procedure under local anesthesia may be necessary to permanently correct persistent triggering. Therefore, based on these recommendations, right trigger thumb release in this patient should not be considered medically necessary. No medical justification has been provided to suggest that a steroid injection is not indicated.

Post-operative physical therapy 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical 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.

Outpatient right carpal tunnel release: 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) Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 and 272.

Decision rationale: The patient has signs and symptoms of a possible carpal tunnel syndrome. However, there has not been documentation of appropriate conservative management including the use of splinting. Electrodiagnostic studies are only stated to show borderline to minimal carpal tunnel syndrome. Thus, further conservative management including medications, splinting, and possible steroid injection to facilitate the diagnosis is indicated. Given the overall

findings of a minimal condition, completion of typical conservative management is indicated which has not been completed for this case. Therefore, right carpal tunnel release in this patient should not be considered medically necessary. From ACOEM, page 270, 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. From Table 11-7, the following is recommended: Injection of corticosteroids into the carpal tunnel in moderate or mild cases after trial of splinting and medication.

Pre-op: electrocardiogram (ECG), complete blood count (CBC), complete metabolic panel (CMP): 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) Low Back (updated 1/30/15).

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.