MAXIMUS Federal Services

Case Number:	CM15-0038320		
Date Assigned:	03/09/2015	Date of Injury:	08/26/2014
Decision Date:	04/17/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/02/2015

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: Minnesota, Florida
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:

This 45-year-old female sustained an industrial injury on 8/26/14. She subsequently reported ongoing right wrist pain. Diagnoses include sprain of wrist/ elbow/ forearm, deQuervain's, and carpal tunnel syndrome. MRI scan was negative for triangular fibrocartilage complex tear or scapholunate dissociation. Slight thickening of the median nerve was noted. Treatments to date have included a brace, injections, physical therapy, and prescription medications. A nerve conduction study revealed a mild right carpal tunnel syndrome. The request for surgery was made on 2/4/15 specifically for a carpal tunnel release, median block, flexor synovectomy, 1st dorsal compartment release, and diagnostic arthroscopy of the wrist to check the scapholunate ligament. On 2/13/15, Utilization Review certified the request for carpal tunnel release, median block, and 1st dorsal compartment release. However, flexor synvectomy, arthroscopy, and cold compression therapy 30-day rental were noncertified. ODG guidelines, and Wheel-less Online were used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexor synvectomy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Carpal Tunnel Syndrome, Topic: Carpal Tunnel Release Surgery.

Decision rationale: With regard to flexor tenosynovectomy, ODG guidelines do not have any recommendations for or against flexor tenosynovectomy at the time of carpal tunnel release. There is no proven benefit from flexor tenosynovectomy in the absence of Rheumatoid arthritis. Therefore, the medical necessity of the request for flexor tenosynovectomy has not been substantiated.

Right wrist arthroscopy to assess scapholunate interossous ligament: Upheld

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

MAXIMUS guideline: Decision based on Non-MTUS Citation OGD: Section: Forearm, wrist, and hand. Topic: Diagnostic arthroscopy.

Decision rationale: ODG guidelines indicate diagnostic arthroscopy of the wrist as an option if there are negative results on imaging but symptoms continue after 4-12 weeks of conservative treatment. It is recommended if the clinical diagnosis is unclear and there is persistent severe pain at 4-12 weeks. The documentation indicates that the diagnosis is carpal tunnel syndrome and de Quervain's. As such, the diagnosis is not unclear and arthroscopy of the wrist to check the scapholunate ligament is not supported by guidelines particularly in light of absence of MRI evidence of ligamentous injuries. At this late stage after the injury of August 2014 there should be an obvious evidence of scapholunate dissociation on x-rays or MRI scan. The suspected injury is not supported by the mechanism described. In light of the foregoing, the medical necessity for the arthroscopy is not established.

Cold therapy compression 30 day rental: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; Section: Carpal Tunnel Syndrome, Topic: Continuous cold therapy.

Decision rationale: ODG guidelines recommend continuous cold therapy as an option in the postoperative setting with regular assessment to avoid frostbite. Postoperative use generally should be no more than 7 days including home use. The request as stated for 30 day rental is not supported by guidelines and as such, the medical necessity of the request has not been substantiated.