

Case Number:	CM15-0050101		
Date Assigned:	03/23/2015	Date of Injury:	04/08/2013
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/17/2015

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 52 year-old male, who sustained an industrial injury on 4/8/2013. He reported a motor vehicle accident resulting in right hand pain and was subsequently diagnosed with a closed fracture of the third metacarpal, right hand. This was treated with a short cast and analgesic and followed by occupational therapy. He is status post right hand surgery on 1/14/14. Diagnoses include carpal tunnel syndrome and trigger finger. Treatments to date include splinting, medication therapy, occupational therapy, home exercise and cortisone injections. Currently, they complained of pain and numbness of the right hand. He reported one week relief with previous cortisone injection. On 2/4/15, the provider documented positive Tinel's and Phalen's compression tests, atrophy and tenderness. The plan of care included an open carpal tunnel release. Electrodiagnostic studies from October 31, 2014 note a mild carpal tunnel syndrome on the right. Overall, the recent documentation from the requesting surgeon is poorly legible. However, the following can be surmised: Specifically, it is unclear from the medical records if the carpal tunnel was actually injected with cortisone. The response to steroid injection is noted for the RMF and RRF in February of 2014 (however, this is most likely 2015), not specifically for the wrist/carpal tunnel. Documentation from 12/23/14 notes that the patient underwent steroid injection to the fingers and would inject the carpal tunnel at the next visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open Carpal tunnel Release with Flexor Tenosynovectomy, Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271, Postsurgical Treatment Guidelines.

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

Decision rationale: The patient is a 52 year old with signs and symptoms of possible right carpal tunnel syndrome. Overall, the most recent documentation is poorly legible and does not clearly demonstrate appropriate conservative management. The only splinting or bracing that was performed appears to be around the time of the initial injury. Electrodiagnostic studies do support a mild carpal tunnel syndrome. However, adequate conservative management should be documented as recommended on page 272 Table 11-7: Injection of corticosteroids into carpal tunnel in mild or moderate cases of CTS after trial of splinting and medication. As stated above, it is unclear if there has been adequate splinting or appropriate medical management. In addition, it appears that a cortisone injection was planned for the carpal tunnel; but, it has not been clearly documented. Therefore, right carpal tunnel release should not be considered medically necessary. From page 270, CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken.

Post operative Physical Therapy 2 times per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

Decision rationale: Trigger finger release was certified and thus postoperative physical therapy should be considered medically necessary based on the following guidelines: Trigger finger (ICD9 727.03): Postsurgical treatment: 9 visits over 8 weeks: Postsurgical physical medicine treatment period: 4 months. Therefore, 12 therapy visits would exceed the recommendations and is not medically necessary.