

<b>Case Number:</b>	CM15-0050194		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	09/16/2010
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California

Certification(s)/Specialty: Orthopedic 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 60-year-old female who reported an injury on 09/16/2010. The mechanism of injury was cumulative trauma. The most recent documentation was dated 12/11/2014. The documentation indicated the injured worker was status post carpal tunnel release on 05/20/2013 and right carpal tunnel release on 04/10/2012. The injured worker was diagnosed with bilateral forearm extensor and flexor tendinosis, bilateral elbow medial and lateral epicondylitis, right shoulder strain, impingement, tendinosis, supraspinatus tendinosis, acromioclavicular degenerative joint disease, cervical spine sprain and strain, lumbar spine sprain and strain, and bilateral lower extremity radiculopathy with a history of instability at L4-5 and disc collapse. The documentation indicated on 01/22/2014 the physician requested treatment for the diagnoses. The physician further documented on 12/13/2013 the injured worker had bilateral decreased range of motion of the wrists and a positive Tinel's and Phalen's, and the injured worker underwent a home exercise program. On 01/22/2014, the injured worker had constant numbness and tingling sensations and low back pain. The examination of the right wrist revealed a healed scar and tenderness over the A1 pulley with active triggering on the long finger. On 04/16/2015, the injured worker had worsening pain and triggering in the left little and ring finger that was increased with gripping, grasping, and lifting. The injured worker had continuous benefit with right thumb trigger injection from 01/14/2014. The injured worker had tenderness over the A1 pulley and 4th and 5th fingers. The documentation indicated the injured worker should undergo a left ring and little finger trigger release to give the most comfort.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuroplasty Median Nerve Carpal Tunnel Re-exploration; Wrist Flexor Tenosynovectomy, Advanced Tissue Re-arrangement Hand; Neuroplasty Digital 1 or both; Neuroplasty Hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC) Carpal Tunnel syndrome Procedure Summary updated 11/11/2014.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 270 and 271.

**Decision rationale:** The American College of Occupational and Environmental Medicine guidelines indicate that a referral for hand surgery consultation may be indicated for injured workers who have red flags of a serious nature; fail to respond to conservative management, including worksite modifications and who have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Carpal Tunnel Syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. The clinical documentation submitted for review failed to provide documentation of conservative management directed specifically for the treatment of carpal tunnel and the duration of care. There was a lack of documentation of recent findings related to carpal tunnel, including a failure of bracing and injections. There was a lack of documentation of a nerve conduction test. As such, the entire surgical procedure would not be supported. The request as submitted for review failed to indicate the laterality for the requested surgical intervention. Given the above, the request for neuroplasty median nerve carpal tunnel re-exploration; wrist flexor tenosynovectomy, advanced tissue re-arrangement hand; neuroplasty digital 1 or both; neuroplasty hand is not medically necessary.

**Injection anesthetic peripheral nerve/branch:** 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.

**Associated surgical service: Application short arm splint:** 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.

**Pre-operative History & Physical:** 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.

**Associated surgical service: Medical Clearance:** 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.

**12 Post-operative Occupational Therapy 3 x 4:** 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.

**Associated surgical service: Cold Therapy Device (purchase):** 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.

**Associated surgical service: CPM Device 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 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.

**Associated surgical service: DVT Device (purchase): 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.

**Associated surgical service: TENS Unit purchase or 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 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.

**Associated surgical service: Keflex 500mg #30 with 0 refills: 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.

**Associated surgical service: Ketorolac (Sprix) (unspecified dosage & quantity): 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.

**Associated surgical service: Zofran 4mg #30 with 1 refill:** 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.

**Associated surgical service: Wound Care Cream:** 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.