

<b>Case Number:</b>	CM15-0051819		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	05/16/2002
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: 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 61 year old female, who sustained an industrial injury on 5/16/2002. The current diagnoses are carpal tunnel syndrome bilaterally, status post decompression on the right, pantrapezial arthritis on the right, status post excision, pantrapezial arthritis on the left, stenosing tenosynovitis along the A1 pulley of the thumb on the left, and chronic pain syndrome. According to the progress report dated 3/5/2015, the injured worker complains of pain traveling to the elbows. The current medications are Naproxen, Protonix, and Trazadone. Treatment to date has included medication management, MRI of the left wrist, electro diagnostic studies, Spica thumb splint, TENS unit, and multiple injections to the thumb. The plan of care includes carpal tunnel release and A1 pulley release of the thumb on the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Carpal Tunnel Release and A1 Pulley Release of the Thumb on the Left: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

**Decision rationale:** The patient is a 61 year old female with signs and symptoms of possible left carpal tunnel syndrome that has failed medical management, splinting and activity modification. However, she has not had recent electrodiagnostic studies to support her condition. The requesting surgeon is noting that they had previously been denied. This is not supported in the medical documentation received and should be authorized if it has not done so already. However, there is insufficient documentation to justify left carpal tunnel release without supportive electrodiagnostic studies or other intervention to facilitate the diagnosis (namely, response from steroid injection). In addition, there have not been signs of a severe nature, namely thenar atrophy. Therefore, left carpal tunnel release should not be considered medically necessary. From page 270, chapter 11, CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. With respect to left thumb trigger finger release, the patient is noted to have symptomatic triggering that has failed steroid injection. From page 271, Chapter 11, 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, left thumb trigger release should be considered not medically necessary, which is consistent with the UR.