

<b>Case Number:</b>	CM15-0056584		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	10/28/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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 45 year old male who sustained a work related injury on October 28, 2008, incurred shoulder, arm wrist and hand injuries. He was diagnosed with carpal tunnel syndrome, cervical radiculopathy, brachial plexopathy, thoracic outlet syndrome, shoulder tendonitis, forearm tendonitis and ulna and radial neuropathy. Treatment included pain medications and lotions, electromyogram studies and multiple surgeries. Currently, the injured worker complained of right hand numbness with pain radiating to the wrist and forearm. The treatment plan that was requested for authorization included a right endoscopic carpal tunnel release and right third trigger finger release and bilateral Smart gloves. Previous electro-diagnostic studies supported a mild bilateral carpal tunnel syndrome. (7/12/11). Previous documentation noted right sided Phalen's, Tinel's, right long finger painful triggering along with right hand numbness and nighttime symptoms. Conservative management has included medical management, physical therapy, bracing, steroid injection and activity modification. The patient was previously noted to have used smart gloves from documentation dated 2/27/14. On 7/26/13, the patient had requested bilateral smart gloves.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Endoscopic Carpal Tunnel Release and Right Third Trigger Finger Release:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines: Indications for Surgery and Carpal Tunnel Syndrome (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270, 271 and 272.

**Decision rationale:** The patient is a 45 year old male with a signs and symptoms of right carpal tunnel syndrome and a painful right long finger trigger finger that has failed conservative management of splinting, medical management, physical therapy, activity modification and steroid injection. Previous electrodiagnostic studies supported a mild condition of right carpal tunnel syndrome. From page 270, ACOEM, 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. From 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. From page 272, Table 11-7, conservative management includes medication and splinting, followed by steroid injection. Based on the above guidelines, the patient has well-documented evidence of trigger finger and carpal tunnel syndrome that has failed the recommended conservative management. In addition, the diagnosis is supported by electrodiagnostic studies. Therefore, right carpal tunnel release and right long finger trigger release should be considered medically necessary. Utilization review stated reasoning for denial of the right carpal tunnel release was that there not documentation of physical therapy, home exercises or nighttime splinting. This is mostly contradicted by the available medical records provided for this review. The patient was specifically noted to have undergone physical therapy and long-term splinting.

**Bilateral Smart Gloves:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Syndrome (Acute & Chronic).

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

**Decision rationale:** The patient is a 45-year-old male with current right carpal tunnel syndrome and a history of left carpal tunnel syndrome status post release with residual symptomatology. As documented on page 272, Table 11-7, splinting is recommended for conservative management of carpal tunnel syndrome. UR did certify bilateral braces and thus there was not further justification for smart gloves. Therefore, bilateral smart gloves should not be considered medically necessary.

