

Case Number:	CM15-0082820		
Date Assigned:	05/05/2015	Date of Injury:	12/31/2013
Decision Date:	06/04/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/30/2015

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, Indiana, Oregon
 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:

The injured worker is a 60 year old female, who sustained an industrial injury on 12/31/13. The injured worker has complaints of pain over her right thumb radiating into her wrist. The diagnoses have included brachial neuritis or radiculitis not otherwise specified. Treatment to date has included left carpal tunnel and long trigger digit injections and a probable right de Quervains injection; magnetic resonance imaging (MRI)/ultrasound confirmed mild bilateral carpal tunnel syndrome relatively asymptomatic, mild bilateral carpal tunnel syndrome, asymptomatic and left scaphotrapezial osteoarthritis probably significant symptoms; hand therapy and home exercise program. The request was for manos technique percutaneous ultrasound-guided right carpal tunnel release with distal superficial forearm flexor fasciotomy; local anesthesia; associated surgical services, post-operative splinting 5-7 days and associated surgical services, post-operative hand therapy 8-16 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manos technique percutaneous untrasound-guided right carpal tunnel release with distal superficial forearm flexor fasciotomy; local anesthesia: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Nakamichi et al "Percutaneous Carpal Tunnel Release Compared with Mini-Open Technique" Journal Hand Surgery March 2012 Vol 35 Issue 3 page 437-445.

Decision rationale: The clinical evidence in this case supports carpal tunnel syndrome by history, physical examination and EMG/NCS. At issue is the use of percutaneous surgery. In addition to the references cited in the UR document which are reviewed as well as the above, percutaneous releases have ample evidence to support equal nerve decompression outcomes with small, but statistically significant improvements in pain and grip/pinch strength post operatively. In this case the clinical evidence in peer reviewed literature is felt to justify the use of a percutaneous technique in a worker with properly diagnosed CTS. The recommendation is for medically necessary.

Associated surgical services: Post-operative splinting 5-7 days: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bury et al "Prospective, Randomized Trial of Splinting After Carpal Tunnel Release" Annals of Plastic Surgery July 1995 Volume 35, Issue 1.

Decision rationale: CA MTUS/ACOEM is silent on the issue of post-operative splinting after carpal tunnel release. ODG is silent as well. Referenced is Bury et al "Prospective, Randomized Trial of Splinting After Carpal Tunnel Release" Annals of Plastic Surgery July 1995 Volume 35, Issue 1. In this study there was no benefit of splinting compared to bulky dressing. Therefore the request is not medically necessary.

Associated surgical service: Post-operative hand therapy 8-16 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: Per the CA MTUS/Post-Surgical Treatment Guidelines, page 16, 3-8 visits over a 3 month period is authorized. In this case the request is for more visits than allowed by guidelines; therefore it is not medically necessary.