

<b>Case Number:</b>	CM15-0087574		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	03/20/2006
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2015

### 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: California

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 53 year old female, who sustained an industrial injury on 3/20/2006. She reported a trip and fall resulting in persistent knee pain in 2003 and cumulative trauma on 3/20/2006. She is status post left knee arthroscopy and two right shoulder surgical procedures. Diagnoses include bilateral medial lateral epicondylitis, bilateral carpal tunnel syndrome, and gastritis. Treatments to date include medication therapy, activity modification, physical therapy and cortisone injection noted to have provided temporary relief in bilateral wrists. Currently, she complained of left knee giving way, popping, and pain. A prior cortisone injection to the wrist and thumb was reported to have been effective in relieving symptoms. She was wearing bilateral wrist braces. There were. On 2/27/15, the physical examination documented positive Tinel's tests, Phalen's test, and Finklestein's tests bilaterally. The plan of care included requests for bilateral carpal tunnel release with possible flexor tenosynovectomy and/or median neurolysis, right DeQuervain's release with possible tenosynovectomy/tenolysis for the right wrist, preoperative medical clearance, and post-operative cold therapy unit purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carpal tunnel release for the right wrist with possible flexor tenosynovectomy and/or median neurolysis: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265 and 270.

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

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to evaluate for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case there is lack of evidence in the records from 2/27/15 of electrodiagnostic evidence of carpal tunnel syndrome. In addition, there is lack of evidence of failed bracing or injections in the records. Therefore the determination is not medically necessary.

**Right de Quervain's release with possible tenosynovectomy/tenolysis for the right wrist:**  
Upheld

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

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

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand Complaints, page 270, Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature, Fail to respond to conservative management, including worksite modifications, 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. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits and, especially, expectations are very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case the exam note from 2/27/15 does not demonstrate any evidence of red flag condition or clear lesion shown to benefit from surgical intervention. Therefore, the determination is not medically necessary.

**Carpal tunnel release for the left wrist with possible flexor tenosynovectomy and/or median neurolysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265 and 270.

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

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to evaluate for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case there is lack of evidence in the records from 2/27/15 of electrodiagnostic evidence of carpal tunnel syndrome. In addition, there is lack of evidence of failed bracing or injections in the records. Therefore the determination is not medically necessary.

**Pre-op medical clearance/evaluation related to bilateral wrist surgery:** 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.

**8 post operative physical therapy sessions, 2x4 weeks, for the left wrist:** 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.

**8 post-operative physical therapy sessions, 2x4 weeks, for the right wrist:** 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: continuous cold therapy unit (purchase) related to bilateral wrist injury:** 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.