

<b>Case Number:</b>	CM15-0087611		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	08/14/2008
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Minnesota, Florida  
 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 54 year old female, who sustained an industrial injury on August 14, 2008. She reported bilateral pain, weakness, tingling and loss of sensation of the hands. The injured worker was diagnosed as having carpal tunnel syndrome status post left and right carpal tunnel release in 2009-2010, bilateral de Quervain's and left rotator cuff tendonitis. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the bilateral upper extremities, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued hand pain, weak grip and loss of sensation of the bilateral hands. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 4, 2015, revealed continued bilateral wrist pain. Medications were renewed. Evaluation on March 30, 2015, revealed continued complaints as noted. She reported being unable to make a tight fist. Bilateral carpal tunnel release with possible flexor tenosynovectomy and/or median neurolysis, bilateral de Quervain's release, pre-operative clearance, post-operative physical therapy, continuous cold therapy unit for purchase and bilateral upper extremity electrodiagnostic studies were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right and left carpal tunnel release 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): 270.

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

**Decision rationale:** California MTUS guidelines indicate surgical considerations for carpal tunnel syndrome depend on the confirmed diagnosis of the presenting hand or wrist complaints. There should be 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 and nerve conduction tests before surgery is undertaken. In this case recent nerve conduction studies have not been submitted although they were certified by utilization review. There is a long history of bilateral carpal tunnel syndrome status post carpal tunnel releases but the current status is not known. The documentation indicates the last electrodiagnostic studies were performed 4 years ago. An updated electrodiagnostic study will be necessary to determine the current status. As such, the request for repeat surgery is not supported and the medical necessity of the request has not been substantiated.

**Right and left de Quervain's release:** Upheld

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

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

**Decision rationale:** With respect to de Quervain's syndrome, according to California MTUS guidelines the majority of patients will have resolution of symptoms with conservative treatment. Under unusual circumstances of persisting pain at the wrist and limitation of function, surgery may be an option. The documentation provided does not indicate evidence of injections, splinting, or specific physical therapy for de Quervain's syndrome. There is no documentation of the number of injections given and the response to the same. As such, the request for de Quervain's release is not supported and the medical necessity of the request has not been substantiated.

**Associated surgical services: Pre-op medical clearance evaluation:** 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 services: Initial post-op therapy; eight (8) sessions (2x4):** 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 services: Continuous cold therapy unit (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.