

Case Number:	CM15-0089522		
Date Assigned:	05/13/2015	Date of Injury:	12/20/2013
Decision Date:	07/01/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/10/2015

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 43-year-old female who sustained an industrial injury on 12/20/2013. The injured worker was diagnosed with bilateral carpal tunnel syndrome, right trigger finger, shoulder strain and lateral epicondylitis. The injured worker is status post decompression of the left median nerve and flexor tenosynovectomy on January 19, 2015. Treatment to date includes diagnostic testing, modified activity and work restrictions, pre and post-operative physical therapy, wrist splint and medications. According to the primary treating physician's progress report on April 9, 2015, the injured worker continues to experience left upper back and shoulder pain, right wrist/hand pain with numbness and tingling to the right hand. Examination of the cervical spine demonstrated nonspecific pain to the left trapezius and upper scapular muscles with full range of motion. The right wrist was markedly positive for Tinel's sign. There was intermittent triggering of the middle finger. The left wrist noted a healed surgical area with very minimal, if any, numbness in the thumb. The injured worker was able to make a fist. Sensation, motor, reflexes and vascular were intact. Grip was tested with 3 attempts resulting in 0/0/0 each time bilaterally. Current medications are listed as Ibuprofen. Treatment plan consists of continuing with therapy, hold Ibuprofen and use Tylenol as needed and the current request for a right carpal tunnel and right trigger finger release, medical clearance for history and physical, chest X-ray and Electrocardiogram (EKG), post-operative physical therapy 3 times a week for 4 weeks and additional physical therapy hands and wrist 3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release and right trigger finger release: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This 43-year-old female sustained an industrial injury on 12/20/2013 due to repetitive use of a keyboard at work. Nerve conduction studies performed on April 16, 2014 revealed moderate left and mild to moderate right carpal tunnel syndrome. Electromyography of the sampled muscles was normal. The injured worker underwent a left carpal tunnel release on 1/19/2015. She received 12 sessions of post-operative physical therapy from 2/2/2015 to 3/3/2015 with significant improvement. The numbness resolved although she complained of hard lumpy area in the peri-incision area with burning-like feeling in the scar. She also developed tightness and pain in the left upper trapezius area. Her right hand remained symptomatic with complaints of numbness in the median distribution, dysesthesias, and triggering of the third digit. California MTUS guidelines indicate surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaints. Surgical decompression of the median nerve usually relieves carpal tunnel syndrome symptoms. High-quality scientific evidence shows success in the majority of patients with an electro diagnostically confirmed diagnosis of carpal tunnel syndrome. Carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by a nerve conduction status before surgery is undertaken. A request for a right carpal tunnel release was noncertified by utilization review as there was no documentation of corticosteroid injections for the carpal tunnel syndrome and the trigger finger. The documentation does indicate other conservative treatment with splinting, medication, and physical therapy. Since that time additional documentation has been submitted this indicates that the injured worker has a genetic disorder and has been advised to avoid any type of hormone therapy or corticosteroids. She has clinical and electrophysiologic evidence of carpal tunnel syndrome for over a year and there has been adequate conservative treatment with documented trial/failure. As such, she meets the guideline criteria for a carpal tunnel release and the medical necessity of the request has been substantiated. With regard to the request for a trigger finger release, the guidelines indicate one or 2 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. In this case, the injured worker is unable to undergo the corticosteroid injections and as such, the medical necessity of the trigger finger release has been medically necessary.

Medical clearance; pre-op, chest x-ray, EKG, labs, H&P: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Pre-operative testing, general, Office visits, Preoperative testing, electrocardiography, Pre-operative lab testing.

Decision rationale: ODG guidelines recommend a history and physical examination with selective testing based on the clinician's findings. If there are significant comorbidities, office visits to the offices of medical doctors are recommended as determined to be medically necessary. The documentation provided does not indicate the presence of significant comorbidities that would necessitate medical clearance. A carpal tunnel release and trigger finger release is an outpatient procedure which is considered low risk. Routine medical clearance for low risks procedures in the absence of significant risk factors is not recommended. As such, the medical necessity of the request for medical clearance has not been substantiated. Routine EKG and chest x-ray is also not indicated for a low risk procedure, particularly in the absence of comorbidities or cardiovascular risk factors. Similarly, preoperative laboratory testing in the absence of significant comorbidities is also not supported by evidence-based guidelines. As such, the medical necessity is not medically necessary.

Post-op physical therapy three (3) times a week for four (4) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 270, 271.

Decision rationale: California MTUS postsurgical treatment guidelines indicate there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The evidence may justify 3-5 visits over 4 weeks after surgery up to the maximum of 3-8 visits over 3-5 weeks. For a trigger finger release, the guidelines recommend 9 visits over 8 weeks. The initial course of therapy is one-half of these visits, which is 4-5. Then, with documentation of continuing functional improvement, a subsequent course of therapy of the remaining half may be prescribed. The request as stated is for 12 visits, which exceeds the guideline recommendations. As such, the medical necessity of the request has not been medically necessary.

Additional physical therapy bilateral hands/wrist, three (3) times a week for four (4) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 270, 271.

Decision rationale: California MTUS postsurgical treatment guidelines indicate there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal

tunnel syndrome. The evidence may justify 3-5 visits over 4 weeks after surgery up to the maximum of 3-8 visits over 3-5 weeks. For a trigger finger release, the guidelines recommend 9 visits over 8 weeks. The initial course of therapy is one-half of these visits, which is 4-5. Then, with documentation of continuing functional improvement, a subsequent course of therapy of the remaining half may be prescribed. The request as stated is for 12 additional visits after completion of the recommended postsurgical physical therapy. This exceeds the guideline recommendations and as such, the medical necessity of the request has not been medically necessary.