

Case Number:	CM14-0122614		
Date Assigned:	09/25/2014	Date of Injury:	01/24/2008
Decision Date:	10/27/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60 years old female with a 1/24/08 injury date. The mechanism of injury was not provided. In an 8/15/14 follow-up, the patient complains of numbness over the left hand and triggering over the left index finger. She recalls undergoing EMG/NCV testing of the left upper extremity at a different facility, that the results showed median neuropathy at the wrist, but the records are not available. Objective findings included tenderness over the left index finger along the volar MCP joint, unable to make a full fist with the left index finger, tenderness along the left volar wrist, positive Tinel's sign over the median nerve at the wrist, and decreased sensation over digits 2-5. The provider notes that the patient has already been authorized to consult with an outside hand surgeon, and will be referred over to [REDACTED] for a second opinion regarding her left carpal tunnel syndrome and left second digit trigger finger. Diagnostic impression: left carpal tunnel syndrome, left index trigger finger. Treatment to date: medications, trigger finger releases. A UR decision on 7/31/14 denied the request for carpal tunnel release on the basis of limited objective exam findings and lack of electrodiagnostic studies. The request for surgical consultation was denied because it was not evident that the provider had exhausted all the conservative treatment options. The request for trigger finger release was denied because there was no evidence that prior conservative measures, such as cortisone injection, were utilized. Treatment to date: medications, trigger finger releases. A UR decision on 7/31/14 denied the request for carpal tunnel release on the basis of limited objective exam findings and lack of electrodiagnostic studies. The request for surgical consultation was denied because it was not evident that the provider had exhausted all the conservative treatment options. The request for trigger finger release was denied because there was no evidence that prior conservative measures, such as cortisone injection, were utilized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrists, and Hand

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

Decision rationale: CA MTUS states that hand surgery consultation may be indicated for patients who have red flags of a serious nature; fail to respond to conservative management; 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. However, there is very limited evidence or discussion of prior conservative treatment measures for both carpal tunnel syndrome and trigger finger. There is no evidence that the patient has seriously tried night splinting, a course of NSAIDs, physical therapy, a cortisone injection in the carpal tunnel area, or a cortisone injection in the trigger finger. In addition, there is no electrodiagnostic confirmation of carpal tunnel syndrome available. Therefore, the request for surgical consultation is not medically necessary.

Carpal Tunnel Release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Carpal Tunnel Syndrome Chapter.

Decision rationale: CA MTUS criteria for carpal tunnel release include failure of non-operative treatment or severe symptoms such as continuous tingling and numbness; most patients should have had at least 1 glucocorticosteroid injection; and patients who do not have a glucocorticosteroid injection that results in at least partial benefit should have an electrodiagnostic study (EDS) consistent with CTS. However, there is limited documentation of positive objective signs on physical exam such as positive Phalen's, Durken's, thumb abduction strength, or the presence or absence of atrophy. There is no available electrodiagnostic study to confirm the diagnosis of carpal tunnel syndrome. In addition, there is no indication that night splinting, NSAIDs, or a cortisone injection have been tried. Therefore, the request for carpal tunnel release is not medically necessary.

Trigger Finger Release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, Wrist, and Hand Chapter.

Decision rationale: CA MTUS states that 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. A procedure under local anesthesia may be necessary to permanently correct persistent triggering. In addition, ODG criteria for trigger finger release include subjective/objective findings consistent with trigger finger/thumb despite one or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger. However, there is no indication that any cortisone injections have been attempted for this condition. Therefore, the request for trigger finger release is not medically necessary. CA MTUS states that 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. A procedure under local anesthesia may be necessary to permanently correct persistent triggering. In addition, ODG criteria for trigger finger release include subjective/objective findings consistent with trigger finger/thumb despite one or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger. However, there is no indication that any cortisone injections have been attempted for this condition. Therefore, the request for trigger finger release is not medically necessary.