

<b>Case Number:</b>	CM14-0140373		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/08/2010
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 Orthopedic Surgery, 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:

The claimant is a 55-year-old female who was injured on December 6, 2010. The medical records provided for review included the July 30, 2014 progress report indicating triggering of the right ring finger with numbness into the hand and wrist. The claimant is noted to be status post bilateral carpal tunnel release procedures as well as prior right trigger thumb and right De Quervain's release. Physical examination showed full range of motion, positive Phalen's and Tinel's testing, and triggering of the index finger and tenderness over the wrist diffusely. The claimant was diagnosed with residual carpal tunnel syndrome and right index finger triggering. Postoperative electrodiagnostic studies from March 18, 2014 showed right median nerve entrapment stating "this is not an uncommon finding in the postoperative carpal tunnel release setting." It was noted to be significantly improved from prior electrodiagnostic studies of October 10, 2002. This request is for surgery to include an index finger trigger release and a revision open carpal tunnel release procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SURGERY OF THE RIGHT WRIST - OPEN RIGHT CTR: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265'271.

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

**Decision rationale:** Based on California ACOEM Guidelines, the request for surgery of the right wrist for revision carpal tunnel release would not be indicated. ACOEM Guidelines state that carpal tunnel syndrome must be proven by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. While the claimant continues to have positive examination findings, the electrodiagnostic studies performed in March of 2014 are highly consistent with postsurgical changes with no indication of acute or advanced compressive pathology. Studies were noted to be significantly improved from previous electrodiagnostic studies available for review with findings highly consistent with postoperative changes. Without acute electrodiagnostic studies, the role of open carpal tunnel release procedure would not be warranted.

**RIGHT INDEX FINGER TRIGGER RELEASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265'271.

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

**Decision rationale:** California ACOEM Guidelines would not support a trigger finger release procedure. While the claimant has documented triggering on examination, there is no documentation of previous conservative care including injection therapy to the claimant's index finger. ACOEM Guidelines recommend 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. The acute role of operative process has not been established. Therefore, this request is not medically necessary.

**POST OP ANALGESIC MEDS - VICODIN ES #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria For Use, Page(s): 76-80.

**Decision rationale:** The proposed surgical process cannot be recommended as medically necessary. Therefore, the request for Vicodin is also not medically necessary.

**POST OP PT - X 24VISITS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The proposed surgery is not recommended as medically necessary. Therefore, the request for postoperative physical therapy is also not medically necessary.