

<b>Case Number:</b>	CM14-0157982		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	08/06/2013
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Oregon and is licensed to practice in Plastic Surgery. 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 injured worker is a 54-year-old female with an 8-6-2013 date of injury, when she was moving boxes of material onto a conveyor belt. The box fell and injured the patient's left hand, 7/7/14 medical report identified pain in the wrist. The patient points at the radial side as the source of greater degree of discomfort. She continues to have numbness and paresthesia. Physical exam revealed that the patient pointed to the first dorsal compartment. A Finkelstein test reproduces the patient's symptoms in that region. She does have tenderness on the ulnar side of the wrist, but there are no patterns or instability and no clicking or clunking with translation of the ulna head in reference to the carpus. Continues to have positive Tinners, Phalen's, and hyposthesia involving the median innervated digits. The provided states that the examination continues to be somewhat difficult to identify precisely because the pain has shifted from the last evaluation. She states that the pain is now specifically in the first dorsal compartment. A cortisone injection was performed and she was provided with a thumb spica, as the one the patient had was in disrepair. 1/30/14 electrodiagnostic studies report revealed evidence of a left C6/C7 radiculopathy with superimposed mild severity left median neuropathy at the wrist (CTS) "double crush syndrome". Treatment to date includes medication, activity modification, wrist splinting, and a first dorsal compartment cortisone injection on 7/7/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Carpal Tunnel Release:** Overturned

**Claims Administrator 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

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

**Decision rationale:** The carpal tunnel release is medically necessary. According to the ACOEM guidelines, Chapter 11, page 270, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken." This patient has significant symptoms of carpal tunnel syndrome, an exam consistent with carpal tunnel syndrome and positive electrodiagnostic studies for median nerve compression. Because he has double crush, he may eventually need to have his cervical spine compression treated as well, but carpal tunnel release is an appropriate initial treatment. Per the ACOEM guidelines, carpal tunnel release is medically necessary.

**Release of the left 1st dorsal compartment:** Overturned

**Claims Administrator 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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): page 266, page 271,.

**Decision rationale:** Per the ACOEM guideline, Chapter 11, page 266, "DeQuervain's tendinitis, if not severe, may be treated with a wrist-and-thumb splint and acetaminophen, then NSAIDs, if tolerated, for four weeks before a corticosteroid injection is considered." Per the ACOEM guideline, Chapter 11, page 271, "The majority of patients with DeQuervain's syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. Surgery, however, carries similar risks and complications as those already mentioned above (see A, "Carpal Tunnel Syndrome"), including the possibility of damage to the radial nerve at the wrist because it is in the area of the incision." The injured worker has failed conservative treatment for several months with a steroid injection, NSAIDs and splinting. Therefore, the request for Release of the left 1st dorsal compartment is medically necessary and appropriate.

**Medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Anesthesiologists Practice Advisory for Preanesthesia Evaluation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: "Practice advisory for preanesthesia evaluation. An updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation." (American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology*. 2012 Mar;116(3):522-38)

**Decision rationale:** In this case, the records do not document any medical issues that require selective preoperative testing. The injured worker has hypertension and diabetes. She will see an anesthesiologist for her preoperative work-up, and selective testing can be ordered if the anesthesiologist has concerns. As such, the request for a Medical clearance is medically necessary and appropriate.

**Post operative splint:** Upheld

**Claims Administrator 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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** According to the ACOEM guidelines, Chapter 11, splinting after surgery has negative evidence, most notably after carpal tunnel surgery. Therefore, splinting beyond the initial postoperative splint is not warranted. As such the request for a post operative splint is not medically necessary and appropriate.

**Post operative therapy, three times a week for four weeks:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Post-surgical guidelines.

**Decision rationale:** Per MTUS Guidelines, "Radial styloid tenosynovitis (de Quervain's) (ICD9 727.04): Postsurgical treatment: 14 visits over 12 weeks\*Postsurgical physical medicine treatment period: 6 months." In this case, the medical evidence provided for review meets MTUS guidelines. Therefore, the request for post operative therapy, three times a week for four weeks is medically necessary and appropriate.