

Case Number:	CM14-0162212		
Date Assigned:	10/07/2014	Date of Injury:	08/28/2010
Decision Date:	11/07/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/02/2014

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:

This is a 61-year-old female who sustained a vocational injury on 08/28/10. The medical records documented that the claimant was authorized to undergo left carpal tunnel release but surgery had to be cancelled due to a family emergency. The authorization has been given to proceed with the left carpal tunnel release. The treating provider is recommending tenosynovectomy and/or median neurolysis in addition to the previously certified left carpal tunnel release. The handwritten office note dated 08/27/14 documented that the claimant continued to have pain, weakness, numbness, and tingling in the left wrist. Gripping and grasping increased her symptoms. On exam, there was a positive Tinel's and Phalen's. The claimant was tender about the flexor and extensor tendons. The claimant was given a diagnosis of mild bilateral carpal tunnel syndrome. The current request is for left flexor tenosynovectomy and/or median neurolysis in addition to the previously certified left carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible left flexor tenosynovectomy and/or median neurolysis to the previously certified left carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Carpal Tunnel Syndrome Procedure Summary 2/20/14

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Carpal Tunnel Chapter & Forearm, Wrist & Hand chapter: Carpal tunnel release surgery (CTR)

Decision rationale: California ACOEM Guidelines and Official Disability Guidelines do not support the proposed possible left flexor tenosynovectomy and/or median neurolysis in addition to the previously certified left carpal tunnel release as medically necessary. The Official Disability Guidelines specifically note that surgeons do not routinely use the following procedures when performing carpal tunnel release including internal neurolysis and tenosynovectomy. Official Disability Guidelines note that prior to proceeding with flexor tenosynovectomy, claimants should have good strength in flexion and extensor muscles of the hand and must have intact nerves to flex the muscles. There is no documentation of the claimant's strength status of the left upper extremity, which would be imperative to know prior to considering medical necessity. In addition, there are very little abnormal objective findings on examination presented for review or any diagnostic testing presented for review which establishes that the claimant would be a good candidate for flexor tenosynovectomy and internal neurolysis or that these procedures are medically necessary based on exam, diagnostic studies, and failure to respond to conservative treatment which has not been clearly documented. Conservative treatment in an attempt to address the flexor tenosynovitis would be considered medically necessary prior to considering surgical intervention. Based on the documentation presented for review and in accordance with California ACOEM and Official Disability Guidelines, the request for the left flexor tenosynovectomy and/or median neurolysis to the previously certified left carpal tunnel release cannot be considered medically necessary.

Postoperative physical therapy twice a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Carpal Tunnel Chapter & Forearm, Wrist & Hand chapter: Carpal tunnel release surgery (CTR)

Decision rationale: California ACOEM Guidelines and Official Disability Guidelines do not support the proposed possible left flexor tenosynovectomy and/or median neurolysis in addition to the previously certified left carpal tunnel release as medically necessary. Therefore, the request for postoperative physical therapy is also not medically necessary.