

Case Number:	CM14-0210762		
Date Assigned:	02/03/2015	Date of Injury:	08/05/2009
Decision Date:	03/03/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 patient is a 28 year female with a reported date of injury on 8/5/09 who requested right sided: neuroplasty median nerve carpal tunnel, wrist flexor tenosynovectomy, advancement tissue rearrangement right hand, neuroplasty Digital 1 or both, neuroplasty hand, neuroplasty ulnar nerve at wrist Guyon's Canal, as well as injection peripheral nerve/BR carpal, short arm splint, pre-op clearance, TENS unit, 30 day cold therapy device, occupational therapy, three times weekly for four weeks, DVT device, Ondansetron 4 mg. #30, 1 refill, Keflex 500 mg. #30, Sprix, and associated surgical service - CPM device, 30 days. Documentation from 10/28/14 notes that the patient complains of pain in the middle of the right hand and palm side, pain in the right wrist radiating to the elbow, weakness of the right hand, numbness of the left ring finger and difficulty grasping and holding objects for long periods of time. Examination notes a positive median nerve compression test, positive Tinel's sign at the carpal tunnel, positive Phalen's test, positive ulnar nerve compression test at Guyon's canal, negative Finkelstein's test, and decreased tenderness of the ring finger A-1 pulley. Rationale for carpal tunnel release surgery is given that includes symptoms of pain, impaired dexterity and numbness/paresthesias, objective findings as stated including mild thenar weakness, lack of co-morbidities generating peripheral neuropathy, conservative measures of activity modification, night splinting, medical management, home exercise program, positive response for steroid injection and positive electrodiagnostic studies. Rationale for ulnar nerve Guyon's canal release includes symptoms of pain, numbness/paresthesias in the ulnar nerve distribution, nocturnal symptoms and impaired dexterity. Objective findings include positive ulnar nerve compression test, positive Tinel's,

decreased 2-point discrimination, mild/moderate thenar eminence and intrinsic muscle atrophy, weakness of the intrinsic muscles, positive Wartenberg test and Froment sign. There are no comorbidities to explain a peripheral neuropathy. Conservative measures include activity modification, night splinting, medical management, and a home exercise program. There were positive electrodiagnostic studies. Previous documentation notes that the patient had undergone right carpal tunnel release and wrist flexor tenosynovectomy on 2/27/13 (however, it is not clear if this was performed or not) and previous right carpal tunnel cortisone injection on 11/2/12 and 9/2/14. On 9/22/14 recommendation was made for bilateral upper extremity electrodiagnostic studies. On 9/2/14 the patient is noted to have had electrodiagnostic studies of just the right side completed on 7/31/14, which are stated as normal. Documentation from 8/22/14 notes no evidence of atrophy of the bilateral wrists, hands, fingers and thumbs. Strength of the fingers and thumb are reported as normal bilaterally including thenar intrinsics and intermediate intrinsic muscles. Electrodiagnostic studies from 7/31/14 noted 'no electrodiagnostic evidence of right carpal tunnel syndrome. UR review dated 11/18/14 did not certify the requested services stating that the clinical conditions of carpal tunnel syndrome and ulnar nerve compression at the wrist are not supported by positive electrodiagnostic studies. In addition, recent therapy and injection of Guyon's canal was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuroplasty Median Nerve Carpal Tunnel, wrist flexor tenosynovectomy, advancement tissue rearrangement right hand, neuroplasty Digital 1 or both, neuroplasty hand, neuroplasty ulnar nerve at wrist Guyon's Canal: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 270 and 272.

Decision rationale: The patient is a 28 year old female with a history of signs and symptoms of possible right carpal tunnel syndrome and possible right ulnar compression at the wrist. She has undergone conservative management, but does not have supportive electrodiagnostic studies for either condition. Although it is stated that the patient previously had undergone right carpal tunnel release surgery, it does not appear that this had been performed. The requesting surgeon also states in his rationale for both surgical procedures that there were positive electrodiagnostic studies for both conditions. However, the only report provided for review was from 7/31/14 noting a normal study. No additional electrodiagnostic studies were provided to support carpal tunnel syndrome or ulnar nerve compression at the wrist. From ACOEM page 270, 'CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare.' Thus, right carpal tunnel release, right ulnar nerve release at the wrist and the other requested procedures for this patient should not be considered medically necessary. From page 261, 'If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist.' From page

272, nerve conduction velocities are recommended for carpal tunnel syndrome and ulnar nerve compression at the wrist after failure of conservative management.

Injection Peripheral Nerve/BR carpal: Upheld

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): 261, 270 and 272.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Short Arm Splint: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 270 and 272.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-op Clearance: Upheld

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): 261, 270 and 272.

Decision rationale: As the procedures were not considered medically necessary, this would not be necessary.

Associated Surgical Service - TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 270 and 272.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service - Cold therapy device - 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 270 and 272.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service - Occupational Therapy, three times weekly 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): 261, 270 and 272.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service - DVT device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 270 and 272.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Ondansetron 4 mg. #30, 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 270 and 272.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Keflex 500 mg. #30: Upheld

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): 261, 270 and 272.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Wound Care Cream: Upheld

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): 261, 270 and 272.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Sprix: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 270 and 272.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

associated surgical service - CPM device, 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 270 and 272.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.