

Case Number:	CM14-0072743		
Date Assigned:	07/16/2014	Date of Injury:	04/13/2012
Decision Date:	06/29/2015	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/19/2014

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic 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 injured worker is a 48-year-old female who sustained an industrial injury on 4/13/12. Injury occurred when she was pushing a box of oranges and bent her right thumb backwards. The injured worker was diagnosed with contusion/sprain right thumb, chronic stenosing flexor tenosynovitis right thumb with carpal tunnel syndrome, and left trigger thumb and carpal tunnel syndrome as a compensable consequence. Agreed medical examiner recommendations for staged bilateral carpal tunnel release and flexor tenosynovectomy was documented. Conservative treatment included physical therapy, acupuncture, activity modification, medications, and bracing. Staged carpal tunnel release and trigger thumb releases were recommended. The 2/28/13 bilateral upper extremity electrodiagnostic study findings were consistent with bilateral carpal tunnel syndrome. The injured worker underwent left trigger thumb release, flexor tenosynovectomy, lysis of adhesions flexion pollicus longus tendon, and exploration of digital nerve release on 5/22/13. The 4/24/14 orthopedic report requested authorization for flexor tenosynovectomy, tenolysis of the flexor tendon, distal forearm fasciotomy, decompression of the arterial arch, neuroplasty of the median nerve, and neurolysis of the median nerve as previously recommended. The 5/13/14 utilization review non-certified the request for flexor tenosynovectomy and associated surgical requests as not clinically warranted. Records indicate that the request for decompression of the arterial arch was certified in isolation. The 6/5/14 treating physician report cited on-going right hand pain, paresthesias, and functional limitation. Physical exam documented positive Duran's, Phalen's, and Tinel's at the wrist. Tenderness to palpation was noted over the volar forearm and musculotendinous junction down into the palm.

There was cupping of the hand consistent with fasciitis and no visible muscle atrophy. Positive Tinel's was noted over Guymon's canal without motor or sensory dysfunction in the 4th and 5th fingers. The diagnosis was right carpal tunnel syndrome. The treatment plan recommended flexor tenolysis 3rd and 4th digits, carpal tunnel release, flexor tenosynovectomy 3rd and 4th digits, decompression of the arterial palmar arch, neurolysis of the median nerve, and fasciotomy of the right distal forearm antibrachial fascia. Surgery was subsequently performed on 6/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexor tenosynovectomy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Innis PC, Endoscopic carpal tunnel release, J South Orthop Assoc 1996 Winter; 5(4):281-91 Raymond Curtis Hand Center, Baltimore, MD, USA and the Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 11 Hand, Wrist and Forearm Disorders (Update 2009), page(s) 92.

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who fail to respond to conservative management, and 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. The ACOEM updated Hand, Wrist, and Forearm guidelines recommend open release for persistent or chronic flexor tendon entrapment. Indication include triggering digit or symptoms of stenosing tenosynovitis that has been unresponsive to at least one corticosteroid injection, or with an inadequate response. Those without any response should be evaluated carefully for possible alternate conditions. Guideline criteria have been met. This patient presented with persistent symptoms of stenosing flexor tenosynovitis in addition to carpal tunnel syndrome. There was significant functional limitation precluding return to work. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including injection, and failure was submitted. This procedure was planned in conjunction with carpal tunnel release. Therefore, this request is medically necessary.

Associated surgical services: 1 cold therapy unit: 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 (Acute & Chronic) Continuous cold therapy (CCT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Forearm, Wrist & Hand: Cold packs; Carpal tunnel syndrome: Continuous cold therapy (CCT).

Decision rationale: The California MTUS are silent regarding cold therapy devices, but recommend at home applications of cold packs. The Official Disability Guidelines state that continuous cold therapy is an option for up to 7 days in the post-operative setting following carpal tunnel release. However, this request is for an unknown length of use which is not consistent with guidelines. Therefore, this request is not medically necessary.

12 post-operative physical therapy sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for flexor tenosynovectomy suggest a general course of 14 post-operative visits over 3-months. An initial course of therapy would be supported for one-half the general course or 7 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request for is medically necessary.

Pre-operative labs: PT and PTT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Jul. 33 p.

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

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Coagulation studies are generally reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. Guideline criteria have been met on the basis of plausible long-term non-steroidal anti-inflammatory drug use. In this context, coagulation studies would be indicated. Therefore, this request is medically necessary.

