

Case Number:	CM14-0089626		
Date Assigned:	07/23/2014	Date of Injury:	11/01/2006
Decision Date:	06/05/2015	UR Denial Date:	05/10/2014
Priority:	Standard	Application Received:	06/13/2014

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: California, Indiana, Oregon
 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 67 year old male, who sustained an industrial injury on 11/1/06. He reported initial complaints of bilateral wrist injury. The injured worker was diagnosed as having bilateral carpal tunnel syndrome. Treatment to date has included status post right wrist carpal tunnel release with median and ulnar nerve and first dorsal compartment release; subtotal palmar fasciectomy with digital extension to small finger and distal extension thumb (1/8/14); physical therapy; medications. Diagnostics included MRI cervical and lumbar spine (12/4/09); MRI cervical spine (12/19/11); MRI lumbar spine (12/21/11); x-rays right hand/wrist (1/19/14); x-rays left wrist (3/20/14). Currently, the PR-2 notes dated 3/24/14 indicated a review for the injured worker x-rays of his left hand/wrist of 3/20/14. They comment about osteoarthritis of the interphalangeal joints of the thumb and the first metacarpophalangeal joint and arthritis of the second and fourth DIP joints. The injured worker continues to have pain in the CMC joint on the left thumb and is limiting his activity. A decompression of the median and ulnar nerve at the wrist and also the first dorsal compartment with Dupuytren's contracture release need to be done. The provider notes he has explained the surgery to the injured worker including using cartilage graft from the ear. He has 40 pounds grip strength on the right and pain is down from 4 to 2. The injured worker is now seven weeks post carpal tunnel release and first compartment release of the right hand and coming along well. The provider has requested a Left median and ulnar nerve release at wrist, First dorsal compartment release and CMC joint artho with cartilage graft from ear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left median and ulnar nerve release at wrist: Upheld

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

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electro diagnostic testing is required to eval for carpal tunnel and stratifies success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case, there is lack of evidence in the records from 3/24/14 of attempt at splinting or injection. Per ODG, the Official Disability Guidelines were also referenced for more specific recommendations. According to the Official Disability Guidelines regarding surgery for carpal tunnel syndrome, Recommended after an accurate diagnosis of moderate or severe CTS. Surgery is not generally initially indicated for mild CTS unless symptoms persist after conservative treatment. Severe CTS requires all of the following: Muscle atrophy, severe weakness of thenar muscles, 2-point discrimination test greater than 6 mm and positive electro diagnostic testing. Not severe CTS requires all the following: Symptoms of pain, numbness, paresthesia, impaired dexterity requiring two of the following: Abnormal Katz hand diagram scores, nocturnal symptoms, Flick sign (shaking hand); findings by physical exam, requiring two of the following including compression test, Semmes-Weinstein monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, mild thenar weakness, (thumb adduction); comorbidities of no current pregnancy; initial conservative treatment requiring three of the following: Activity modification greater than or equal to one month, night wrist splint greater than or equal to one month, nonprescription analgesia (i.e. acetaminophen), home exercise training (provided by physician, healthcare provider or therapist) or successful initial outcome from corticosteroid injection trial (optional) and positive electro diagnostic testing. In this case, there is insufficient evidence of carpal tunnel syndrome and failure of conservative management as stated above. There is insufficient evidence of abnormal hand diagram scores, nocturnal symptoms, decreased two point discrimination or thenar weakness to warrant surgery. Therefore, the determination is not medically necessary.

First dorsal compartment release: Upheld

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

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

Decision rationale: CA MTUS/ACOEM Guidelines, Forearm, Wrist and Hand Complaints, page 265, states that 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. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. In this case, the exam note from 3/24/14 does not demonstrate evidence of severe symptoms or failed conservative management. Therefore, the determination is not medically necessary.

CMC joint arthro with cartilage graft from ear: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist and hand.

Decision rationale: CA MTUS/ACOEM is silent on the issue of thumb arthroplasty. According to the ODG, Forearm, Wrist and Hand, Arthroplasty, Finger and/or thumb (Joint Replacement), Treatment of stage III and early stage IV osteoarthritis of the CMC joint in older patients with low activity demands. Indications for joint replacement of the finger or thumb include: Symptomatic arthritis of the proximal interphalangeal joint with preservation of the collateral ligaments. In addition sufficient bone support and intact or at least reconstruct double extensor tendons are recommended. Contraindications include lack of stability such as that with rheumatoid arthritis with destruction of the ligaments, spine accident were not un-reconstructable extensor tendons. Other contraindications include chronic infection and lack of patient compliance. In this case, the exam notes demonstrate the guideline criteria have not been met.

There official radiologist report of 4/20/14 lists the arthritis as mild. Based on this the request is not medically necessary.