

Case Number:	CM15-0010610		
Date Assigned:	01/28/2015	Date of Injury:	03/31/2011
Decision Date:	03/24/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/20/2015

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 51 year old female, with a date of injury of 3/31/11. Injury was reported relative to cumulative trauma. The diagnoses have included cervical spine sprain/strain with spondylosis, bilateral forearm/wrist tendinitis, and carpal tunnel syndrome. Electrodiagnostic studies were reported positive for moderate right and moderate to marked left carpal tunnel syndrome. The treating physician progress reports from 5/1/14 through 11/21/14 documented continued moderate to severe bilateral wrist pain, weakness, and numbness and tingling. There was pain with activities of daily living. Physical exams documented slight thenar atrophy, tenderness over the flexor and extensor tendons, decreased median nerve sensation, and positive Phalen's and Tinel's tests. The diagnoses included cervical spine sprain/strain with spondylosis, bilateral forearm/wrist tendinitis, and carpal tunnel syndrome. Conservative treatment included carpal tunnel injections, physical therapy, activity modification, and acupuncture. The 1/5/15 treating physician report cited continued grade 6/10 bilateral wrist pain following carpal tunnel injections. Exam findings were unchanged. Authorization was requested for bilateral carpal tunnel syndrome with possible flexor tenosynovitis and/or median neurolysis. The 1/14/15 utilization review modified the request for bilateral carpal tunnel release with possible flexor tenosynovitis and/or median neurolysis, and certified the request for bilateral carpal tunnel release, citing the Medical Treatment Utilization Schedule and Official Disability Guidelines. Provider agreement was documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Carpal Tunnel Release with possible flexor tenosynovectomy and/or median neurolysis: 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): 270-271. Decision based on Non-MTUS Citation Forearm, Wrist & Hand: de Quervain's tenosynovitis surgery

Decision rationale: The California MTUS guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. MTUS guidelines state that 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. The Official Disability Guidelines recommend deQuervain's tenosynovitis surgery as an option if there are consistent signs and symptoms and the patient fails 3 months of conservative care with splinting and injection. This patient presents with signs/symptoms and clinical findings consistent with electrodiagnostic evidence of bilateral carpal tunnel syndrome. There is detailed evidence of conservative treatment failure relative to carpal tunnel syndrome. Although, tenderness of the flexor and extensor tendons is documented on exam, there is no provocative testing for flexor tenosynovitis documented. Detailed evidence of a trial of splinting or injection therapy for flexor tenosynovitis has not been submitted. The 1/14/15 utilization review modified this request and certified bilateral carpal tunnel release. There is no compelling reason to support the medical necessity of flexor tenosynovectomy, or median neurolysis as a separate procedure. Therefore, this request is not medically necessary.