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| Case Number: | CM15-0017584 | | |
| Date Assigned: | 02/05/2015 | Date of Injury: | 02/01/2001 |
| Decision Date: | 03/25/2015 | UR Denial Date: | 12/31/2014 |
| Priority: | Standard | Application Received: | 01/29/2015 |

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 57 year-old male with an industrial injury dated 02/01/01. Injury occurred when he slipped on a wet floor. Past surgical history was positive for five back surgeries, total knee replacement, and left thumb arthrodesis. He had a history of respiratory arrest with anoxic brain injury following a total knee arthroplasty. The 6/17/14 electrodiagnostic documented bilateral carpal tunnel syndrome, severe right and mild left, and right cubital tunnel syndrome. He underwent right carpal and cubital tunnel release on 8/29/14. The 11/12/14 treating physician report cited mild left hand and thumb pain. Physical exam showed mild to moderate tenderness at the thumb metacarpal (MP) base. The thumb MP joint was ankylosed at about 30 degrees of flexion without muscle wasting. Two-point discrimination on the thumb, index, middle and radial ring finger was 8 mm. Two-point discrimination on the ulnar ring and short finger was 5 mm. The right hand was clean and dry with mild to moderate swelling in the palm and minimal tenderness. Diagnoses include carpal tunnel syndrome and cubital tunnel syndrome. Tinel's and Phalen's tests were negative at the wrist. Finkelstein's was negative. Strength was 5/5. X-rays showed moderately advanced degenerative changes at the trapeziometacarpal joint with joint space narrowing and osteophyte formation. There was significant joint space narrowing at the scaphotrapezotrapezoidal joint. Radiocarpal joint was preserved and there was not scapholunate diastasis. The thumb MP joint had an arthrodesis with solid bony union. Left carpal tunnel release was requested. On 12/31/2014 utilization review issued a decision to non-certify the request for left endoscopic carpal tunnel release based on

absence of clinical findings and details regarding conservative treatment. ACOEM and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Endoscopic Carpal Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Carpal tunnel syndrome, Carpal tunnel release surgery (CTR)

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. The Official Disability Guidelines provide clinical indications for carpal tunnel release that include specific symptoms (abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick Sign), physical exam findings (compression test, monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness), conservative treatment (activity modification, night wrist splint, non-prescription analgesia, home exercise training), successful corticosteroid injection trial, and positive electrodiagnostic testing. Guideline criteria have not been met. This patient presents with mild left hand and thumb pain with findings of advanced thumb/hand osteoarthritis. There was no documentation of carpal tunnel provocative testing. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including bracing and injection, and failure was not submitted. Therefore, this request is not medically necessary.