

Case Number:	CM15-0118858		
Date Assigned:	08/07/2015	Date of Injury:	06/01/2013
Decision Date:	12/16/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/19/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old male sustained an industrial injury on 6/01/13. He subsequently reported upper extremity pain. Diagnoses include right and left carpal tunnel syndrome, bilateral cubital tunnel syndrome, bilateral tennis elbow and bilateral upper trapezius strain/ sprain. Treatments to date include nerve conduction, MRI and x-ray testing, modified work duty, physical therapy and prescription pain medications. The injured worker continues to experience bilateral shoulder pain. Upon examination, there was tenderness to the trapezius muscles bilaterally. Tinel's and Phalen's testing were positive. A request for Bilateral carpal tunnel release, Bilateral Flexor Tenosynovectomy and Bilateral Cortisone Injection was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Carpal Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: This is a request for bilateral carpal tunnel release surgery. Limited records note pain in the neck, back and throughout the extremities - such diffuse symptoms are not consistent with a diagnosis of carpal tunnel syndrome. The California MTUS notes on page 260, "CTS does not produce hand or wrist pain. It most often causes digital numbness or tingling primarily in the thumb, index, and long finger or numbness in the wrist." The diagnosis should be supported by electrodiagnostic testing - that has reportedly been done, but the results are not provided for review. Particularly in a case such as this where only a minority of symptoms could be attributed to carpal tunnel syndrome, the response to non-surgical treatment of carpal tunnel syndrome such as with night splinting of the wrist and carpal tunnel injection is important in determining what portion of symptoms might be improved by carpal tunnel surgery -- limited records provided do not mention the response to standard initial carpal tunnel treatment. The California MTUS notes on 270 that, "CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction tests before surgery is undertaken." In this case, the history is not consistent with carpal tunnel syndrome, there is no documentation of non-surgical carpal tunnel treatment with splinting or injection and the results of nerve conduction testing are not provided. Therefore, bilateral carpal tunnel release surgery is not medically necessary.

Bilateral Flexor Tenosynovectomy: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Bone Joint Surg Am. 2002 Feb;84-A(2):221-5, The role of flexor tenosynovectomy in the operative treatment of carpal tunnel syndrome, Shum C1, Parisien M, Strauch RJ, Rosenwasser MP.

Decision rationale: This is a request for bilateral flexor tenosynovectomy. The reason for the surgical request is not mentioned in records provided by the treating physician; the request is presumed to be for the treatment of carpal tunnel syndrome as it comes concurrent with a request for bilateral carpal tunnel release surgery. Tenosynovectomy is not addressed in the CA MTUS. Studies of tenosynovectomy in the treatment of carpal tunnel syndrome such as that referenced above have shown no benefit of tenosynovectomy. It is noted in Green's Operative Hand Surgery 6th edition on page 990 that, "synovectomy is not indicated during primary carpal tunnel decompression." Therefore, the request is not medically necessary.

Bilateral Cortisone Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: This is a request for bilateral cortisone injections. The reason for and proposed location of the injections is not specified. There are no records more recent than May 5, 2015 from the treating physician. Based on the limited information available, this is an individual with diffuse neck, back and upper extremity symptoms of greater than 2 years duration and the CA MTUS Trigger Point Injection criteria would be most appropriate. The CA MTUS notes such injections are, "recommended only for myofascial pain" and lists 8 criteria which all must be met; the first of which is "documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." There is no documentation of trigger points and no mention of myofascial pain syndrome. Therefore, there is insufficient documentation to support the need for bilateral cortisone injections are not medically necessary.