

Case Number:	CM15-0119592		
Date Assigned:	06/29/2015	Date of Injury:	04/17/2013
Decision Date:	07/29/2015	UR Denial Date:	05/28/2015
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: 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:

This injured worker is a 42-year-old female who sustained an industrial injury on 4/17/13, due to work duties as a secretary. The 12/5/14 electrodiagnostic study documented evidence for bilateral moderate to severe carpal tunnel syndrome. The 11/13/14 through 6/4/15 progress reports did not evidence findings consistent with flexor tenosynovitis. Conservative treatment includes activity modification, medication therapy, and therapeutic injections. The 5/6/15 treating physician report cited bilateral hand and wrist pain, with numbness and tingling worse on the right than the left. She had undergone carpal tunnel injections with short-term benefit. She had bilateral carpometacarpal osteoarthritis and trigger fingers doing well, with no injections required. Bilateral hand exam documented no tenderness and negative orthopedic testing, including Finkelstein's. Provocative testing for carpal tunnel was reported negative. The diagnosis included carpal tunnel syndrome, generalized hand osteoarthritis, unspecified synovitis/tenosynovitis, and pain and stiffness of the hand joints. The injured worker had severe right carpal tunnel syndrome and surgical intervention was planned. Authorization was requested for right carpal tunnel release with incision of the transverse carpal ligament, possible partial synovectomy, and right wrist nerve block. The 5/29/15 utilization review certified the request for neuroplasty and/or transposition of the median nerve at the carpal tunnel syndrome and peripheral nerve of branch anesthetic injection. The request for outpatient synovectomy, tendon sheath, radical tenosynovectomy, flexor tendon, palm and/or finger, was non-certified as there was no evidence of the presence of flexor tenosynovitis and routine performance of a tenosynovectomy at the time of carpal tunnel release was not supported by guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient surgery: synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand: de Quervain's tenosynovitis surgery.

Decision rationale: The California 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. Surgical treatment of deQuervain's tenosynovitis or hand/wrist tendinitis/tenosynovitis without a trial of conservative treatment, including work evaluation, is generally not indicated. Guideline criteria have not been met. This injured worker presents with bilateral hand and wrist pain with numbness and tingling, worse on the right. There is electrodiagnostic evidence of moderate to severe bilateral carpal tunnel syndrome. There are no clinical exam findings consistent with flexor tenosynovitis. Detailed evidence of 3 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for flexor tenosynovitis and failure has not been submitted. Therefore, this request is not medically necessary at this time.