

Case Number:	CM15-0128658		
Date Assigned:	07/15/2015	Date of Injury:	07/03/2013
Decision Date:	08/19/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	07/03/2015

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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand 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 38 year old male sustained an industrial injury to bilateral wrists on 7/3/13. Previous treatment included left carpal tunnel release (4/24/14), right carpal tunnel release (2/23/14 and 2/23/15), trigger finger release right second finger (2/23/15), physical therapy, bracing, rest and medications. In a PR-2 dated 3/13/15, the injured worker complained of ongoing constant pain and numbness to the right wrist and hand as well as increased pain and numbness to the left wrist and hand with his third digit locked in position. Physical exam was remarkable for decreased range of motion to bilateral wrists with positive bilateral Tinel's and Phalen's signs, tenderness to palpation over the distal radicular joint bilaterally, trigger finger to the left middle finger and abnormal two point discrimination of the medial nerve distribution bilateral with abnormal motor power and sensation of bilateral hands. Current diagnoses status post carpal tunnel release and trigger finger release, bilateral wrist sprain/strain with joint effusion, right 4th and 5th finger sprain/strain, anxiety, depression, panic attacks and insomnia. The treatment plan included removal of right wrist stitches and requesting authorization for left wrist carpal tunnel release with middle digit trigger finger release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Carpal Tunnel Release with Middle Digit Trigger Finger Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266, 270-271.

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

Decision rationale: The carpal tunnel release is not medically necessary. According to the ACOEM guidelines, Chapter 11, page 270, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken." This patient has already had a left carpal tunnel release. The records do not include the results of a repeat nerve conduction test that show worsening from preoperative such that repeat carpal tunnel release is indicated. According to the ACOEM guidelines Chapter 11, page 271 "One or two injections of Lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger are almost always sufficient to cure symptoms and restore function." The records do not document that a steroid injection has been given. The request is not medically necessary.

12 Post-Operative Physiotherapy Sessions for the Left Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Purchase of Wrist Sling: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Surgical Clearance with an Internal Medicine Specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.