

Case Number:	CM15-0146989		
Date Assigned:	08/07/2015	Date of Injury:	08/19/2013
Decision Date:	11/12/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/28/2015

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, Indiana, Oregon
 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 is a 38-year-old female with a date of injury on 8-19-2013. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine sprain-strain with bilateral upper extremity radiculopathy, bilateral shoulder periscapular strain, bilateral elbow medial and lateral epicondylitis, right carpal tunnel syndrome, right long trigger finger and bilateral wrist sprain-strain. Medical records (3-11-2015 to 6-19-2015) indicate complaints of left shoulder and right hand pain. The progress notes were hand-written and difficult to decipher. Per the treating physician (4-8-2015), the employee was working regular duties. The physical exam (3-11-2015 to 6-19-2015) reveals tenderness to palpation of the left shoulder with positive crepitus and positive impingement. Exam of the bilateral wrists revealed tenderness to palpation, positive Tinel's and positive Phalen's signs. There was right middle finger triggering. Treatment has included physical therapy and medication (Gabapentin, Hydrocodone and Omeprazole). Per the supplemental report dated 10-12-2014, the injured worker had electrodiagnostic studies completed on 8-4-2014, which confirmed the presence of a carpal tunnel syndrome across the right wrist. The request for authorization dated 6-19-2015 was for left shoulder injection; surgical authorization for a right carpal tunnel release with possible flexor tenosynovectomy and/or median neurolysis; surgical authorization for a right long trigger finger release with possible tenosynovectomy/tenolysis; pre-operative medical clearance; post-operative occupational therapy and post-operative continuous cold therapy unit purchase. The original Utilization Review (UR) (7-6-2015) denied requests for carpal tunnel release surgery with possible flexor tenosynovectomy and/or median neurolysis, for the right wrist; surgery release

with possible tenosynovectomy/tenolysis, of the right long finger; pre-operative medical clearance; post-operative occupational therapy and post-operative continuous cold therapy unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery carpal tunnel release with possible flexor tenosynovectomy and/or median neurolysis, for the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel syndrome, Carpal tunnel release surgery (CTR).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel.

Decision rationale: The CA MTUS/ACOEM Guidelines do not specifically address neurolysis. According to the Official Disability Guidelines, Carpal Tunnel syndrome, Carpal Tunnel Release Surgery, Adjunctive procedures: The 2008 AAOS CTS clinical treatment guidelines concluded that surgeons not routinely use the following procedures when performing carpal tunnel release: Skin nerve preservation; & Epineurotomy. The following procedures had no recommendation for or against their use: Flexor retinaculum lengthening; internal neurolysis; Tenosynovectomy; & Ulnar bursa preservation. Therefore, neurolysis and tenosynovectomy is not recommended and the combined request by the treating physician is not medically necessary.

Surgery release with possible tenosynovectomy/tenolysis, of the right long finger: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand (updated Percutaneous release of the trigger finger and/or trigger thumb).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand Chapter.

Decision rationale: The CA MTUS/ACOEM Guidelines recommends failure of 2 injections prior to surgery on trigger finger (stenosing tenosynovitis). According to the Official Disability Guidelines, surgery is recommended if symptoms persist after steroid injection. In this case, the triggering has not been treated with corticosteroid. Therefore, the request is not medically necessary.

Associated surgical service: Medical clearance pre-operative: 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.

Occupational therapy post-op two times a week for four weeks: 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.

Durable medical equipment post-op continuous cold therapy unit purchase: 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.