

<b>Case Number:</b>	CM15-0172715		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	03/18/2015
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Maryland, Virginia, North Carolina  
 Certification(s)/Specialty: Plastic 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 52 year old female, who sustained an industrial injury on 3-18-2015. She reported pain and numbness in bilateral wrists and hands from repetitive use. Diagnoses include bilateral carpal tunnel syndrome, status post left carpal tunnel release on 8-7-15, and status post bilateral long trigger finger release. Treatments to date include NSAIDS, wrist brace, physical therapy, and trigger finger cortisone injections. Specifically, she is noted to have undergone previous right ring finger trigger injection on 6/22/15. Currently, she complained of ongoing pain and numbness to the right hand and triggering of the right ring finger. On 8-13-15, the physical examination documented triggering to the right ring finger. The Tinel and Phalen signs were positive. The provider documented that nerve studies were positive for right carpal tunnel syndrome. The plan of care included surgery to the right wrist and trigger finger. The appeal requested authorization for a right endoscopic carpal tunnel release and right ring finger trigger release. The Utilization Review dated 8-20-15, denied the request stating that the documentation submitted did not indicate "failure of conservative management (especially a cortisone injection or splinting)" therefore, the ACOEM Guidelines were not met. Documentation from 6/22/15 noted that previous electrodiagnostic studies were only performed on the left side.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right endoscopic 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): Summary, Surgical Considerations.

**Decision rationale:** The patient is a 52 year old female with signs and symptoms of a possible right carpal tunnel syndrome that has failed conservative management of splinting, activity modification and medical management. However, the most recent electrodiagnostic studies appear to have only been performed of the left side. In addition, there is no documentation of consideration for a carpal tunnel injection. Therefore, carpal tunnel release should not be considered medically necessary. From page 270, ACOEM, Chapter 11, "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. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare." Further from page 272, Table 11-7, injection of corticosteroids into to the carpal tunnel is recommended in mild to moderate cases of carpal tunnel syndrome after trial of splinting and medication. Therefore, as the patient does not have evidence of a severe condition, consideration for a steroid injection should be made. In addition, the diagnosis should be supported by EDS. Therefore, the request is not medically necessary.

**Right ring trigger finger release: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** The patient is a 52 year old female with evidence of a right ring finger trigger that had failed a steroid injection from 6/22/15. From ACOEM 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. A procedure under local anesthesia may be necessary to permanently correct persistent triggering.' As the patient has persistent triggering despite previous steroid injection, this procedure should be considered medically necessary. The UR stated that there is no evidence of a previous steroid injection. However, from the medical records provided for this review, this has been satisfied.

