

Case Number:	CM15-0172782		
Date Assigned:	09/14/2015	Date of Injury:	07/29/2008
Decision Date:	11/20/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/02/2015

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

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 44 year old female, who sustained an industrial injury on 07-29-2008. She has reported injury to the bilateral wrists. The injured worker has been treated for right mild-to-moderate carpal tunnel syndrome, status post one injection; right long and ring trigger fingers, status post one injection; left mild-to-moderate carpal tunnel syndrome; and failed endoscopic carpal tunnel release. Treatment to date has included medications, diagnostics, splinting, cortisone injections, rest, activity modification, therapy, and surgical intervention. Medications have included non-steroidal anti-inflammatories. Surgical intervention has included right carpal tunnel release. A progress report from the treating provider, dated 08-04-2015, documented an evaluation with the injured worker. The injured worker reported that her symptoms have remained essentially unchanged; there is quite a bit of discomfort along the fingers; in the morning especially, the finger would trigger, but they would also lock during the day with use; sometimes with simple grasping activities, her fingers would get stuck; she complains of intermittent numbness and tingling; there is pain in the forearm she continues to perform her regular work activities, although she is developing more and more difficulties while doing so; she feels that her symptoms did not improve much following the previous surgery; and have since progressed and worsened; her right side appears to be more affected than the left; and there is some numbness but mostly and aching discomfort and locking and catching sensation. Objective findings included there is tenderness to palpation of the A1 pulley of the right ring and long fingers; triggering cannot be reproduced; thenar strength is mildly diminished on the right; a carpal tunnel compression test reproduces numbness and tingling, as does a Phalen's test; and

there is more significantly associated pain which she describes as typical. The treatment plan has included the request for right revision carpal tunnel release, right middle and ring finger trigger release; associated surgical service: custom splint; post-op occupational therapy two times a week for 4 weeks for the right hand quantity: 8; and Norco 10-325mg #45 times one refill. The original utilization review, dated 09-03-2015, non-certified a request for right revision carpal tunnel release, right middle and ring finger trigger release; associated surgical service: custom splint; post-op occupational therapy two times a week for 4 weeks for the right hand quantity: 8; and Norco 10-325mg #45 times one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right revision carpal tunnel release, right middle and ring finger trigger release: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter.

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand Complaints, page 270, Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature, Fail to respond to conservative management, including worksite modifications, Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case the exam note from 8/4/15 does not demonstrate any evidence of red flag condition or clear lesion shown to benefit from surgical intervention. Therefore the determination is for not medically necessary.

Associated surgical service: custom splint: 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): Initial Care.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op occupational therapy two times a week for 4 weeks for the right hand quantity: 8:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s):
Carpal Tunnel Syndrome.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Norco 10/325mg #45 times one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009,
Section(s): Opioids (Classification).

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 8/4/15. Therefore the determination is for not medically necessary.