

<b>Case Number:</b>	CM15-0173860		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	03/21/2014
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: 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 46 year old male who sustained an injury on 3-21-14 resulting when he was operating a skill saw and amputated his left thumb at the joint. He was treated in the emergency room, taken to the operating room and completion of amputation, debridement and wound closure was completed. Sutures were removed on 4-9-14. Treatment has included physical therapy (12), pain medication, home exercise program, occupational therapy, and modified work. Diagnosis was amputation left thumb, traumatic. On 6-10-14 physical therapy (12th session) reports he is making excellent progress; displays decreased fine motor coordination and minimal scar hypersensitivity; endurance for heavier activities was fair and improving. His pain was rated 7 out of 10. Since the injury he has felt persistent pain and phantom sensation pain and can still feel the nail. The physical medicine and rehabilitation report from 4-1-15 indicates whenever he uses the hand he has pain in the 1st and 2nd digits and along with numbness and tingling. He is not working. Diagnoses are left thumb amputation at IP joint; rule out carpal tunnel syndrome. Medications prescribed were Relafen 750 mg twice a day; Gabapentin 300 mg; authorization requested for EMG, nerve conduction study of the left hand given his carpal tunnel type of symptoms; acupuncture and a second opinion for a hand surgeon. 5-27-15 electromyography nerve conduction study was completed. Acupuncture treatments were completed on 7-1-15 and he reports pain in his left thumb rated as 4 out of 10; tightness in the left thumb and forearm and states the acupuncture treatments are benefiting him. Per the current examination on 8-2-15 he was not working and complains of hypersensitivity at the tip of the left thumb; numbness and tingling in the index with nocturnal symptoms. Physical examination

reveals MP joint is preserved; positive Tinel sign over the carpal tunnel with a positive Phalen's test; no muscular atrophy and is markedly tender radially and ulnarly at the tip of his residual thumb. The plan includes revision for the left thumb to resect the neuromas and decompress the median nerve at the wrist to relieve his carpal tunnel symptoms with an endoscopic carpal tunnel release. Current requested treatments left endoscopic versus open carpal tunnel release; post op occupational therapy x 8 sessions. Utilization review 8-27-15 requested treatments are non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left endoscopic versus open carpal tunnel release: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Carpal Tunnel Syndrome (Acute & Chronic): Endoscopic surgery. 2015.

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

**Decision rationale:** The patient is a 46 year old male who suffered a left thumb injury that was treated with a completion amputation. Due to continued sensitivity of the thumb and possible neuroma formation, revision of the amputation site with neuroma resection was certified. In addition, he has signs and symptoms of a possible left carpal tunnel syndrome, without evidence of a severe condition as there was no evidence of thenar atrophy or other severe signs. Electrodiagnostic studies (EDS) from 5/27/15 are not supportive of a left carpal tunnel syndrome. Documentation from 9/2/15 noted these EDS results and had recommended conservative management and consideration for repeat EDS if his symptoms persist. Therefore, as EDS, left carpal tunnel release, do not support the diagnosis is not medically necessary. In addition, the patient had not completed sufficient conservative management, including a consideration for a steroid injection. 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. From page 261, if the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist.