

Case Number:	CM15-0021778		
Date Assigned:	02/11/2015	Date of Injury:	01/01/2008
Decision Date:	06/11/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/05/2015

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, Sports Medicine

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 54-year-old female who reported an injury on 01/01/2008. The mechanism of injury was cumulative trauma. The documentation of 12/29/2014 revealed the injured worker was postoperative left thumb and left carpal tunnel syndrome surgery on 12/16/2014. The injured worker could not take her postoperative medications, as she was unable to tolerate them due to a thyroid condition. The examination of the right wrist revealed tenderness to palpation in flexion and extension and a positive Tinel's and Phalen's, with right thumb triggering. The diagnoses included right trigger thumb tenosynovitis, and carpal tunnel syndrome with positive electrodiagnostics on 10/05/2013. The treatment plan included surgical intervention for the right wrist and hand. The clinical documentation indicated the injured worker had undergone prior therapies, including physical therapy (18 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release with Possible Flexor Tenosynovectomy and/or Median Neurolysis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Release Surgery (CTR).

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

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that a referral for hand surgery consultation may be indicated for injured workers who have red flags of a serious nature; fail to respond to conservative management, including worksite modifications and who 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. Carpal Tunnel Syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. There were objective findings on physical examination. The clinical documentation submitted for review failed to provide an official electrodiagnostic study to support that the injured worker had carpal tunnel syndrome. Additionally, there was a lack of documentation of conservative care, including bracing and injections prior to the request. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request is not medically necessary.

Right Thumb Trigger Release with Possible Tenosynovectomy/Tenolysis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Tenosynovectomy; Forearm, Wrist, and Hand, Trigger Finger Release.

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

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that a referral for hand surgery consultation may be indicated for injured workers who have red flags of a serious nature; fail to respond to conservative management, including worksite modifications and who 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. There were objective findings on physical examination. The clinical documentation submitted for review failed to provide documentation the injured worker had failed steroid injections to treat the trigger finger. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request is not medically necessary.

Associated Surgical Service: Left Wrist Brace: 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: Chiropractic Therapy (8-sessions): 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.

Post-Operative Therapy (8-sessions): 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.