

Case Number:	CM15-0037262		
Date Assigned:	03/05/2015	Date of Injury:	01/01/2004
Decision Date:	05/11/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/27/2015

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 50-year-old female who reported an injury on 01/01/2004. The mechanism of injury involved repetitive activity. The injured worker reported a gradual development of pain, tingling, and numbness in the bilateral hands over time. The current diagnoses include depression, bilateral carpal tunnel syndrome, bilateral ulnar neuropathy, cervical radiculopathy, sleep initiation and maintenance insomnia secondary pain, and comorbid orthopedic condition involving the upper extremities and low back with radicular symptoms. The injured worker presented on 11/06/2014 for an evaluation. It was noted that the injured worker had difficulty opening jars, as well as difficulty with prolonged sitting and bending at work secondary to low back pain. The injured worker also developed triggering of the right long finger. The current medication regimen includes gabapentin 600 mg. Upon examination, the injured worker utilized a right knee brace. There was tenderness in the lumbar region at the midline involving the paraspinal musculature bilaterally. There was 4+/5 motor weakness in the bilateral wrists, diminished sensation at the palmar aspect of the right index, long and ring finger. There was diminished sensation to light touch in the right thigh and leg involving the medial and lateral aspect of the right foot, and there was also sensory loss in the bilateral feet, right greater than left. Recommendations at that time included electrodiagnostic studies of the bilateral lower extremities and a polysomnogram. There was no Request for Authorization form submitted for review. The electrodiagnostic study performed on 11/06/2014 was submitted for review, indicating evidence of significant bilateral carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal Tunnel Release Right and Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, failed to respond to conservative management including work site modification, and who have clear clinical and special study evidence of a lesion. Carpal tunnel syndrome must be proved by positive findings on clinical examination and supported by nerve conduction studies. In this case, there was no documentation of a recent failure of conservative management to include work site modifications. The injured worker had positive evidence of diminished sensation in the palmar aspect of the right index, long, and ring finger. However, there was no documentation of a significant motor deficit or a positive Tinel's and Phalen's sign. In the absence of an attempt at conservative management, the current request cannot be determined as medically appropriate at this time.

Right Long Finger Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state 1 or 2 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. There was no evidence of an attempt at a lidocaine and corticosteroid injection prior to the request for a right long finger release. Given the above, the request is not medically appropriate.

Post-Operative Physical Therapy (3 times a week for 3 weeks right and left wrist): 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 Physical Therapy (3 times a week for 3 weeks right long finger): 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.