

Case Number:	CM15-0061379		
Date Assigned:	04/07/2015	Date of Injury:	01/02/1996
Decision Date:	06/10/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/01/2015

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: 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 68-year-old female who reported an injury on 01/02/1996. The mechanism of injury was not provided. Her diagnosis is noted as carpal tunnel syndrome. During the assessment on 02/11/2015, it was noted that the injured worker had been diagnosed with bilateral carpal tunnel syndrome. It was noted that she had the left side operated on with an excellent result. It was noted that, over the past several years, the injured worker had increasing pain and problems on the right side with nocturnal awakening, numbness in the fingers, and tingling. There was also triggering of the long and ring fingers. The physical examination revealed a positive Tinel's sign. It was noted that the injured worker had an electrodiagnostic study performed in 12/2014, which was noted to reveal carpal tunnel syndrome on the right side. It was also noted that she had previously had cortisone injections, which only provided temporary relief. The treatment plan and rationale were not provided. The Request for Authorization form was dated 03/17/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Fasciotomy Ctr And Trigger Release Index And Long Finger: 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: The request for Right Fasciotomy Ctr and Trigger Release Index and Long Finger is not medically necessary. The California MTUS/ACOEM Guidelines state that 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 work site modifications, and 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. The clinical documentation indicated that the injured worker has had increasing pains and problems on the right side, with nocturnal awakening and numbness and tingling in the fingers. The physical examination revealed a positive Tinel's sign. However, there was no indication that the patient had failed to respond to conservative management, including work site modifications. The clinical documentation did not indicate that counseling regarding the likely outcomes, risks and benefits, and expectations was provided to the injured worker. Additionally, the physical examination did not indicate a contracture was revealed at either the proximal interphalangeal joint or distal interphalangeal joint. Given the above, the request is not medically necessary.

Pre Operative H&P, CBC & CMP: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative lab testing.

Decision rationale: The request for Pre Operative H&P, CBC & CMP is not medically necessary. The Official Disability Guidelines state that the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. However, the clinical documentation did not indicate that the injured worker was at risk of anemia or was expected significant to suffer preoperative blood loss. There was no indication that the injured worker had a history of bleeding or a medical condition that predisposed him to bleeding, or was taking anticoagulants. Moreover, the requested surgery was found not medically necessary. As such, the request is also not medically necessary.

Post Operative Hand Therapy 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

Decision rationale: The request for Post Operative Hand Therapy 2 times a week for 6 weeks is not medically necessary. The California MTUS Guidelines recommend up to 9 visits over 8 weeks for postsurgical treatment following trigger finger release. However, the requested surgical intervention was found not medically necessary at this time. As such, the request for postoperative physical therapy is also not medically necessary.

Associates Surgical Services: Custom Orthosis: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Orthotic devices.

Decision rationale: The request for Associates Surgical Services: Custom Orthosis is not medically necessary. The Official Disability Guidelines only relate orthotic devices to the ankle and foot. There is no clinical basis for a custom orthotic for right fasciotomy CTR and trigger release, index and long finger. The rationale for the custom orthosis was not provided. Given the above, the request is not medically necessary.