

Case Number:	CM15-0067723		
Date Assigned:	04/15/2015	Date of Injury:	06/27/2013
Decision Date:	06/25/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/09/2015

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: Illinois, California, Texas
 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 45-year-old female who sustained an industrial injury on 6/27/13. The mechanism of injury was not documented; additional cumulative trauma injury was noted. Past medical history was positive for a benign pituitary gland tumor. The 5/6/09 and 2/24/12 EMG/NCV studies documented mild right carpal tunnel syndrome and borderline left carpal tunnel syndrome. The 11/12/14 medical legal report documented right wrist exam findings to include palmar and dorsal-sided wrist/hand tenderness, radial-sided tenderness, positive Tinel's and Phalen's signs, no instability, slight loss of dorsiflexion and palmar flexion, and pain at extremes of range of motion. There was decreased sensation over the right thumb, index and part of the middle finger. There was 4+/5 right thumb opposition and abductor weakness. Right wrist/hand x-rays were within normal limits. The diagnosis included right wrist/hand sprain and carpal tunnel syndrome. The agreed medical examiner recommended carpal tunnel release surgery if injections fail. The 2/26/15 treating physician handwritten report indicated the injured worker was 6 weeks status post right carpal tunnel injection. She reported 20% relief for about 3 weeks, followed by return of symptoms. She had persistent pain, numbness and tingling. Grip strength was 13/12/10 right and 13/15/16 left. Physical exam documented flexor tendon tenderness, positive Phalen's and Tinel's bilaterally, and positive Finkelstein's. The diagnosis included bilateral wrist deQuervain's tenosynovitis, mild bilateral carpal tunnel syndrome per 8/28/14 nerve conduction study, and cervical sprain/strain. The treatment plan recommended right carpal tunnel release based on temporary improvement with injection. The patient was reported capable of modified duty. She was to continue with her home exercise program and

daily use of an interferential use. Authorization was requested for replacement of worse bilateral wrist braces. The 3/17/15 utilization review non-certified the request for right carpal tunnel release with possible flexor tenosynovectomy and/or median neurolysis as there was no documentation of a flick sign, abnormal Katz hand diagram scores, or evidence of positive electrodiagnostic testing. The associated surgical requests were non-certified as the surgery was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right carpal tunnel release with possible flexor tenosynovectomy and /or median neurolysis: Overturned

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.

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

Decision rationale: The California MTUS guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. MTUS guidelines state that the majority of patients with DeQuervain's syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option. Guideline criteria have been met. This injured worker presents with signs/symptoms and clinical exam findings consistent with electrodiagnostic evidence of carpal tunnel syndrome on the right. There are clinical exam findings consistent with deQuervain's tenosynovitis. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

1 pre-op medical clearance evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, page 92-93.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-

operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged females have known occult increased medical/cardiac risk factors. Given these clinical indications, this request is medically necessary.

8 sessions of post op physical therapy: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for carpal tunnel release suggest a general course of 3 to 8 post-operative visits over 3-5 weeks during the 3-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 4 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request for is medically necessary.

1 continuous cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (Acute & chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome: Continuous cold therapy (CCT).

Decision rationale: The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous cold therapy is an option for up to 7 days in the post-operative setting following carpal tunnel release. However, this request is for an unknown length of use which is not consistent with guidelines. Therefore, this request is not medically necessary.