

Case Number:	CM15-0069703		
Date Assigned:	04/17/2015	Date of Injury:	07/05/2007
Decision Date:	06/11/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/13/2015

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: Minnesota, Florida

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 43 year old female who sustained an industrial injury on 7/5/07. The injured worker reported symptoms in the bilateral upper extremities. The injured worker was diagnosed as having repetitive strain injury. Treatments to date have included oral pain medication. Currently, the injured worker complains of discomfort in the bilateral upper extremities. The plan of care was for surgical intervention, cold therapy compression rental and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal tunnel release, synovectomy, median nerve block & poss repair traingular fibrocartilage complex: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation ODG: Section: Forearm, wrist, and hand, Topic: Triangular Fibrocartilage complex reconstruction.

Decision rationale: Office notes dated 3/12/2015 indicate numbness and tingling in both hands in the median distribution and burning pain radiating up along the volar forearm and upper arm area. There was a positive Tinel's and Phalen's on the left side and swelling of the left volar distal forearm. She also had pain in the left ulnar fovea. Axial compression and radial and ulnar deviation worsened her pain. MRI scan of the left elbow dated 3/6/2015 was normal. MRI of the left wrist dated 3/6/2015 revealed some irregular signal in the triangular fibrocartilage and a tear was not excluded. Minimal fluid was seen in the distal radioulnar joint. The median nerve was unremarkable. Flexor tendons were intact and in normal position. Fluid in the radiocarpal joint was unremarkable. With regard to the bones, the report indicates that the distal radius and distal ulna were intact with slight dorsal subluxation of the distal ulna at the radial ulnar joint. Minimal negative ulnar variance was seen. A definite tear of the triangular fibrocartilage complex has not been described. Prior notes dated 3/5/2015 indicate subjective complaints of diffuse numbness and tingling in both hands in the median and ulnar distribution. A prior nerve conduction study indicated "only minimal right carpal tunnel syndrome". California MTUS guidelines indicate surgical considerations in the presence of failure to respond to conservative management including work site modifications and 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 complaints. Carpal tunnel syndrome must be improved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction tests before surgery is indicated. In this case the diagnosis is not confirmed. The nerve conduction study did not show any definite evidence of carpal tunnel syndrome. Only minimal right sided carpal tunnel syndrome was suggested. However, symptoms are reported to be worse on the left side. The combination of abnormal Katz hand diagram, abnormal Semmes-Weinstein test, positive Durkan's test, and night pain with Flick sign has not been documented. The guidelines indicate the surgery for mild carpal tunnel syndrome does not have a good outcome. The nerve conduction study was negative on the left side. Although an injection into the carpal tunnel has been documented, a comprehensive non-operative treatment program has not been documented. As such, the request for a carpal tunnel release is not supported by guidelines and the medical necessity of the request has not been established. With regard to the wrist, the MRI study does not show a definite triangular fibrocartilage complex tear. The symptoms are reported to be diffuse and nonspecific in the wrist and elbow. There is no instability of the distal radioulnar joint on examination. As such, the request for surgery does not meet the guidelines requirements and the medical necessity of the request has not been substantiated.

Associated surgical services: Cold therapy compression 30 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation ODG: Section: Continuous cold therapy.

Decision rationale: Since the primary surgical procedure is not medically necessary, the associated surgical request is also not medically necessary.