

<b>Case Number:</b>	CM15-0070725		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 48-year-old male who sustained an industrial injury on 3/1/13, relative to continuous trauma while working as a machine operator. Past medical history was positive for bladder cancer. Social history was positive for smoking. Initial conservative treatment included bracing, physical therapy, home exercise program, home electrical stimulation unit, and medications. Corticosteroid injections were provided to the left carpal tunnel and first dorsal extensor compartment in 2013 with temporary short term relief. The 3/1/13 electrodiagnostic study documented findings of bilateral moderate compression of the median nerve at the carpal tunnel. The 10/14/14 to 1/6/15 treating physician reports cited on-going complaints of bilateral wrist pain with numbness and tingling in the hands, including with activity. Physical exam documented tenderness to palpation over the bilateral flexor/extensor tendons and left first extensor compartment. There was functional range of motion, and decreased sensation bilaterally in the median nerve distribution. Tinel's and Phalen's were positive bilaterally and Finklestein's was positive on the left. Pending authorization for carpal tunnel and DeQuervains release surgery was noted. The 3/23/15 treating physician report cited constant grade 8/10 bilateral wrist pain with associated numbness and tingling that wakes him at night. He had a positive Flick sign and reported dropping objects. He also reported continued neck and back pain radiating into the bilateral upper and lower extremity with numbness and tingling. Physical examination documented tenderness over the bilateral wrist flexor/extensor tendons and over the first extensor compartment on the left. Tinel's and Finklestein's tests were positive on the left. There was decreased range of motion with pain. Electrodiagnostic studies were positive for moderate

bilateral carpal tunnel syndrome. Conservative treatment had included physical therapy, bracing and medications. The treatment plan recommended follow-up in 5-6 weeks to consider carpal tunnel release if no improvement from carpal tunnel injection. Authorization was requested for carpal tunnel release with possible flexor tenosynovectomy and/or median neurolysis of the left wrist, De Quervain's release with possible tenosynovectomy/tenolysis of the left wrist, pre-operative medical clearance evaluation, post-operative therapy to the left wrist 2x4, and purchase of a continuous cold therapy unit. The 4/1/15 utilization review non-certified the carpal tunnel release with possible flexor tenosynovectomy and/or median neurolysis of the left wrist and DeQuervains release as there was no documentation of recent conservative treatment and objective findings consistent with guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Carpal tunnel release with possible flexor tenosynovectomy and/or median neurolysis, left wrist, Qty: 1.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand Chapter updated 03/09/15 - Online Version, <http://www.ncbi.nlm.nih.gov/pubmed/10855289>.

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

**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. Guideline criteria have been met. This injured worker presents with persistent left carpal tunnel signs/symptoms. Functional difficulty was documented with gripping and holding activities. Clinical exam findings were consistent with electrodiagnostic evidence of moderate carpal tunnel syndrome. Evidence of reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

**De Quervains release with possible tenosynovectomy/tenolysis, left wrist, Qty: 1.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand chapter updated 03/09/15 - Online Version.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 and 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand: de Quervain's tenosynovitis surgery.

**Decision rationale:** The California MTUS guidelines state that the majority of patients with DeQuervains 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. The Official Disability Guidelines recommend DeQuervains tenosynovitis surgery as an option if there are consistent signs and symptoms and the patient fails 3 months of conservative care with splinting and injection. Surgical treatment of DeQuervains tenosynovitis or hand/wrist tendinitis/ tenosynovitis without a trial of conservative treatment, including work evaluation, is generally not indicated. Guideline criteria have been met. This injured worker presents with on-going pain over the first dorsal extensor compartment. Functional difficulty was reported with gripping and holding activities. Clinical findings are consistent with DeQuervains. Evidence of reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

**Associated surgical service: Pre-operative medical clearance evaluation, Qty: 1.00:**  
Overturned

**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 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. Guideline criteria have been met based on patient age, past medical history, smoking status, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

**Post-operative therapy, twice weekly, left wrist, Qty 8.00:** Overturned

**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): 15-16 and 20.

**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. For flexor tenosynovectomy, guidelines suggest 14 visits over 3 months during a 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course. 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 request for initial physical therapy is generally consistent with guidelines. Therefore, this request is medically necessary.

**Continuous cold therapy unit, purchase, left wrist, Qty: 1.00:** 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) 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. Patients who used continuous cold therapy showed significantly greater reduction in pain, edema (wrist circumference), and narcotic use postop than did those using ice therapy. However, this request is for a purchase and indefinite duration of use which is not consistent with guidelines. Therefore, this request is not medically necessary.