

Case Number:	CM15-0072031		
Date Assigned:	05/18/2015	Date of Injury:	11/16/2013
Decision Date:	06/16/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/15/2015

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, Hand 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 47 year old female with an industrial injury dated 11/16/2013. The injured worker's diagnoses include rotator cuff syndrome in the right and left shoulder and carpal tunnel syndrome of bilateral wrist. Treatment consisted of electromyography (EMG)/nerve conduction velocity (NCV), status post carpal tunnel release done 1/9/2015, occupational therapy, injections, splinting and periodic follow up visits. In a progress note dated 3/25/2015, the injured worker reported right numbness and tingling into right thumb and index finger with numbness and tingling. The injured worker reported that it is worst at night and with repetitive use and better with rest and injection. Objective findings revealed decrease sensation of the left and right median nerve and positive Tinel and Phalen's test on the right with decrease thumb finger opposition on the right. The request is for right open carpal tunnel release, flexor tenosynovectomy and twelve post-operative occupational therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Carpal Tunnel Release With Tenosynovectomy Flexors: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-285. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed., page 990.

Decision rationale: The goal of carpal tunnel decompression surgery whether performed with an open or endoscopic technique is to divide the carpal ligament. There is no need for synovectomy. There is no evidence that synovectomy improves the outcome of patients with carpal tunnel syndrome. The CA MTUS does not mention synovectomy in this setting. The reference listed above is a respected subspecialty hand surgery text now in its sixth edition which notes, "Synovectomy is not indicated during primary carpal tunnel decompression." Therefore the request is not medically necessary.

Twelve post-operative occupational therapy sessions: Upheld

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

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

Decision rationale: The CA MTUS supports 3 - 8 post-surgical therapy sessions after carpal tunnel release surgery, with an initial course of 4 sessions. Therefore the requested 12 sessions is excessive and unsupported. The request is not medically necessary.