

Case Number:	CM15-0090746		
Date Assigned:	05/15/2015	Date of Injury:	09/12/2013
Decision Date:	06/25/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/11/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 47 year old male, who sustained an industrial injury on 9/12/2013, from repetitive motion use, while employed as a brace technician. He reported pain, weakness, and locking in his right hand. The injured worker was diagnosed as having right carpal tunnel syndrome, status post third and fourth digit stenosing tenosynovitis, status post right long digit release with cystic mass and recurrence, status post right ring digit release with residuals, and right index digit stenosing tenosynovitis. Treatment to date has included diagnostics, cortisone injections, surgical intervention (12/11/2013), physical and occupational therapy, and medications. Electromyogram and nerve conduction studies of the upper extremities (1/08/2015) showed moderate bilateral carpal tunnel syndrome, both motor and sensory fibers affected, with normal concentric needle electromyogram examination of both upper extremities. Magnetic resonance imaging of the right hand showed history of trigger digit release procedure and mild volar displacement of flexor tendons of middle digit. Currently, the injured worker complains of pain and locking in the right and left index digits, left long digit, pain in lump of right long digit and behind the wrist, on thumb side, pain behind both wrists, numbness of the right long and ring digits and left hand/digits, swelling of the bilateral hands/digits, weakness of both hands, right greater than left, and dropping objects. The treatment plan included right trigger digit release, tendon sheath incision (index), tenosynovectomy flexor palm/digit (index), tendon sheath incision (long), tenosynovectomy flexor palm/digit (long), tendon sheath incision (ring), tenosynovectomy flexor palm/digit (ring), anesthetic peripheral median nerve branch injections,

pre-operative medical clearance (including history and physical), and post-operative occupational therapy (3x4).

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Anesthetic Peripheral Median Branch Nerve Injections:

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), Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 and 272.

Decision rationale: The patient is a 47 year old male with signs and symptoms of right carpal tunnel syndrome that is supported by electrodiagnostic studies. He has undergone conservative management with medications and bracing. Based on ACOEM, an injection into the carpal tunnel is medically necessary. However, it appears that multiple injections were requested. Therefore, multiple injections are not supported as medically necessary. This was addressed in the UR as the request was modified to 1 injection. From page 270, ACOEM, Chapter 11, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare." Further from page 272, Table 11-7, injection of corticosteroids into to the carpal tunnel is recommended in mild to moderate cases of carpal tunnel syndrome after trial of splinting and medication. Repeat injections are not recommended. The request is not medically necessary.

Pre-operative medical clearance (H&P): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back pain, Preoperative testing, general.

Decision rationale: The patient is a 47 year old male who was certified for trigger finger release. ODG, Low back pain, Preoperative testing, general: Based on the entirety of the medical record the patient is not noted to have evidence of significant illness that would require extensive work-up. However, a preoperative history and physical examination should be considered medical necessary to stratify the patient's risk and determine if further medical testing is necessary. From ODG guidelines and as general anesthesia is likely to be performed, preoperative testing should be as follows: An alternative to routine preoperative testing for the

purposes of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. Thus, medical clearance with a history and physical should be considered medically necessary.

Post-operative Occupational Therapy 3 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines

Page(s): 22.

Decision rationale: The patient was certified for trigger finger release and thus postoperative physical therapy should be considered medically necessary based on the following guidelines: Trigger finger (ICD9 727.03): Postsurgical treatment: 9 visits over 8 weeks; Postsurgical physical medicine treatment period: 4 months. Therefore, the request for 12 visits (3x4) would exceed the recommended guidelines, and it is not medically necessary.