MAXIMUS Federal Services

Case Number:	CM15-0093915		
Date Assigned:	05/20/2015	Date of Injury:	06/30/2002
Decision Date:	08/12/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/15/2015

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: Arizona
Certification(s)/Specialty: 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 50 year old female, who sustained an industrial injury on 6/30/2002. Diagnoses include cervical sprain/strain, right shoulder impingement status post arthroscopy and rotator cuff repair and right carpal tunnel syndrome. Treatment to date has included injections and home/pool exercises. Per the Primary Treating Physician's Progress Report dated 3/12/2015, the injured worker reported right hand pain, aching numbness, tingling, limited grip and grasp and hard to write. She reported that a right shoulder injection last visit "helped a lot "and she was batter able to sleep. Physical examination revealed right shoulder active range of motion forward flexion to 90 degrees and abductions to 80 degrees. Examination of the right wrist revealed tenderness to the volar wrist, very positive Tinel's and Phalen's and decreased pinwheel sensation of the right digits 1-4. The plan of care included surgical intervention and authorization was requested for right carpal tunnel release, right ulnar nerve transposition at the elbow, right carpal boss incision of dorsal hand (3 separate incisions) and postoperative occupational/physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Boss Excision of dorsal hand (three separate incisions): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Carpal Boss: Review of Diagnosis and Treatment, Park, Namdari, Weiss.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Systematic Review of the Surgical Management of Carpal Boss UPMC Hamot AAHS 2015 Annual Meeting Presentation The Carpal Boss: Review of Diagnosis and Treatment. The Journal of Hand Surgery April 2008.

Decision rationale: The available literature on the surgical treatment of carpal boss is limited by a small number of studies with low levels of evidence. Simple excision is a technically less demanding procedure and may result in outcomes similar to CMC arthrodesis. While persistent symptoms of pain are not uncommon following carpal boss excision, additional, more extensive debridement or CMC arthrodesis appears to result in satisfactory patient outcomes. Currently there is no large study available regarding the efficacy of standard conservative treatment (non-steroidal anti-inflammatory drugs, corticosteroid injection, splint immobilization, and hand therapy) for symptomatic carpal boss. Most authors agree that symptomatic patients eventually need surgical treatment for pain relief. Because complications of the surgery can be difficult, an extended period of conservative treatment is advisable and surgery should be considered only in the most symptomatically refractory patients. It does not appear that there has been adequate documentation for support of carpal boss excision following an extended period of conservative treatment. The surgery - right carpal boss excision dorsal hand (3 separate incisions) is felt not to be medically necessary at this time.

Post Operative Occupational Therapy/Physical Therapy for the right hand, number of sessions unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 10-21.

Decision rationale: If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. 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. Patients shall be reevaluated following continuation of therapy when necessary or no later than every forty-five days from the last evaluation to document functional improvement to continue physical medicine treatment. Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. (A) In the event the patient sustains an exacerbation related to the procedure performed after treatment has been discontinued and it is determined that more visits are medically necessary, physical medicine treatment shall be provided within the postsurgical physical medicine period. (B) In cases where no functional improvement is demonstrated, postsurgical treatment shall be

discontinued at any time during the postsurgical physical medicine period. Carpal Tunnel Release: Postsurgical treatment (open): 3-8 visits over 3-5 weeks; Postsurgical physical medicine treatment period: 3 months, Ulnar Nerve Entrapment: Postsurgical treatment: 20 visits over 10 weeks; Postsurgical physical medicine treatment period: 6 months. Ulnar Nerve Entrapment/Cubital Tunnel Syndrome: Postsurgical treatment: 20 visits over 10 weeks; Postsurgical physical medicine treatment period: 6 months. Postoperative occupational or physical therapy for an unspecified duration is not found to be medically necessary. In order to find this request medically necessary, the treating physician would need to specify the duration of occupational or physical therapy needed. Therefore not medically necessary.