MAXIMUS Federal Services

Case Number:	CM13-0010090		
Date Assigned:	09/19/2013	Date of Injury:	08/19/2005
Decision Date:	01/30/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Georgia and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55-year-old male who reported an injury on 08/19/2005. The patient is currently diagnoses as status post open right carpal tunnel release and endoscopic left carpal tunnel release with significant recurrence on the left. The patient was seen by provider on 09/12/2013. Physical examination revealed 2+ deep tendon reflexes, intact sensation, 5/5 motor strength, negative straight leg raising, tenderness to palpation along the lumbar spine and right lateral epicondyle, positive Tinel's and Phalen's testing on the left. The treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal Tunnel Release: 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): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal Tunnel Syndrome Chapter, Carpal Tunnel Release..

Decision rationale: The California MTUS/ACOEM Practice guidelines indicate that referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature,

fail to respond to conservative treatment, and have clear, clinical, and special study evidence of a lesion that has been shown to benefit from surgical intervention. Carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. As per the clinical notes submitted for review, there is no evidence of nocturnal symptoms, abnormal Katz hand diagram scores, or a flick sign. The patient does demonstrate positive Tinel's and Phalen's. However, there is also no evidence of a failure to respond to initial conservative treatment including activity modification, night wrist splinting, nonprescription analgesia, home exercise training, or corticosteroid injections. Therefore, the patient does not currently meet criteria for the requested surgical procedure. As such, the request is noncertified.

Pre-op Work up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Pre-operative Testing, General.

Decision rationale: The Official Disability Guidelines (ODG) indicate that preoperative testing is often performed before surgical procedures. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. As the patient's surgical procedure has not been authorized, the current request for preoperative workup is also not medically necessary. Therefore, the request is noncertified.

Office visit follow up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Office Visits.

Decision rationale: The California MTUS/ACOEM Practice guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. A request was made for a followup visit, in which the provider's specialty is hand surgery. As the patient's surgical procedure has not been authorized, the current request is noncertified.

Norco 5/325mg, QTY: 17: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS guidelines indicate that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report persistent pain. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, continuation cannot be determined as medically appropriate. As such, the request is noncertified.