

<b>Case Number:</b>	CM13-0030925		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	03/10/2010
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/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 59-year-old female claimant with an industrial injury dated March 20, 2010. The patient is status post right carpal tunnel release, internal neurolysis, tenosynovectomy, and distal forearm Fasciotomy as of April 08, 2013. Exam note July 31, 2014 states the patient returns with low back pain radiating down to the buttocks and both thighs; in addition to wrist pain. The patient describes the pain as constant, sharp, and throbbing. She mentions that the pain is worse with activity and movement, in addition to weightbearing, bending, standing and walking. The patient demonstrates an antalgic gait and when asked to straighten the spine there is loss of normal cervical lordosis. Range of motion of the cervical spine is restricted, and there is palpation surrounding the paravertebral muscles. All reflexes are noted as equal and symmetric. There is significant tenderness over the facet joints on both sides at L4-S1, and she reveals a 5/5 motor strength. The patient has restricted range of motion of the left wrist with palmerflexion limited to 30' with pain. The Phalen's sign test, and Tinel's sign test is positive. Diagnosis is noted as lumbar facet arthropathy, osteoarthritis, carpal tunnel syndrome, trochanteric bursitis, and myofascial pain syndrome.

### 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 Page(s): 264-265, 270, 273, table 11-7. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome Chapter, Carpal Tunnel Release Surgery (CTR), Indications for Surgery

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

**Decision rationale:** According to the California MTUS/ACOEM Practice Guidelines, electrodiagnostic testing is required to eval for carpal tunnel and stratifies success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case, there is lack of evidence of failed bracing or injections in the records from July 31, 2014. Therefore, the request is not medically necessary.

**Amoxicillin (875mg, #20): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Zofran (8mg, #20): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Neurontin (600mg, #180): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Polar Care Unit (rental): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Sling (purchase):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Pain Catheter (purchase):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**ReJuveness (purchase):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Pre-Operative Clearance (H&P, CBC, CMP, EKG, CXR):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.