

Case Number:	CM13-0034373		
Date Assigned:	12/06/2013	Date of Injury:	02/01/2012
Decision Date:	01/27/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/26/2013

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 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 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 34 year old female with report of date of injury 2/1/12. Patient with report of repetitive overuse syndrome with multiple body part complaints. The Qualified Medical Evaluator (QME) noted from 1/30/13 diffuse complaints and not consistent with any particular nerve involvement. Recommendation by QME was for conservative care. Injections were given into right elbow and second compartment. EMG/NCV upper extremities from 8/17/13 demonstrates mild bilateral carpal tunnel syndrome

IMR ISSUES, DECISIONS AND RATIONALES

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

subcutaneous transposition ulnar nerve Rt cubital tunnel w/ flap creation, Rt carpal tunnel release, Rt wrist flexor tenosynovectomy, Rt first dorsal compartment release, and Rt intersection/second dorsal compartment release,; Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 37, 263, 270-271, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG elbow, carpal tunnel and hand/wrist chapters + carntus chronic pain guide + wheelers online + JBJS +www.ajronline.org + Kulick, RG, Ortho Clinics of NA, 1996, Apr 27(2) pp 345-53. Cook, AC, et al, J Hand Surg (Br), 1995, Apr (20)2 pp 228-30 + Weitbrecht WU; e

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: Surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. A decision to operate requires significant loss of function, as reflected in significant activity limitations due to the nerve entrapment and that the patient has failed conservative care, including full compliance in therapy, use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, workstation changes (if applicable), and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. Before proceeding with surgery, patients must be apprised of all possible complications, including wound infections, anesthetic complications, nerve damage, and the high possibility that surgery will not relieve symptoms. Absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. In this clinical scenario there is lack of documentation of failure of 3-6 months of conservative care and therefore is non-certified. With regards to carpal tunnel release, the MTUS ACOEM Guidelines states, Outcomes from carpal tunnel surgery justify prompt referral for surgery in moderate to severe cases, though evidence suggests that there is rarely a need for emergent referral. Thus, surgery should usually be delayed until a definitive diagnosis of CTS is made by history, physical examination, and possibly electrodiagnostic studies. Symptomatic relief from a cortisone/ anesthetic injection will facilitate the diagnosis; however, the benefit from these injections is short-lived. In this case there is insufficient evidence by electrodiagnostic studies of moderate to severe carpal tunnel release to warrant release. Therefore determination is not medically necessary. With regards to DeQuervain's syndrome, the CA MTUS states, The majority of patients with DeQuervain's syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. Surgery, however, carries similar risks and complications as those already mentioned above (see A, "Carpal Tunnel Syndrome"), including the possibility of damage to the radial nerve at the wrist because it is in the area of the incision. Therefore the determination is non-certified as there is lack of evidence of failure of conservative treatment. In a similar fashion the determination is non certification of Rt first dorsal compartment release, Rt intersection/second dorsal compartment release based upon the lack of documentation of failure of conservative management.

A Custom Splint: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Continuous Passive Motion (CPM): FINGER. 30 days of CPM Therapy: Upheld

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

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

Decision rationale: CA MTUS does not address CPM. Per the Official Disability Guidelines, CPM is needed only for flexor tendon repair. Therefore the determination is non-certification.

ThermoCool Compression Therapy x 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG/KNEE: ODG.

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

Decision rationale: Per Official Disability Guidelines, cold therapy is not recommended for nonsurgical treatment therefore determination is non-certification

. Norco 10-325mg 1 tablet p.o. q4 hours pm pain # 90: 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Per the CA MTUS Chronic Pain Guidelines, "Outcomes measures: It is now suggested that rather than simply focus on pain severity improvements in a wide range of outcomes should be evaluated, including measures of functioning, appropriate medication use, and side effects. Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. (Nicholas, 2006) (Ballantyne, 2006) A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen, 2006)." The determination is non-certification for the preoperative medication as the surgical procedures are not medically necessary and there is lack of functional improvement while patient has been taking opioids.

Norco 10-325mg 1 tablet p.o. q4 hours pm pain # 90: 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Outcomes measures: It is now suggested that rather than simply focus on pain severity, improvements in a wide range of outcomes should be evaluated, including measures of functioning, appropriate medication use, and side effects. Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. (Nicholas, 2006) (Ballantyne, 2006) A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. (Eriksen, 2006).