

<b>Case Number:</b>	CM13-0037617		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	02/14/2012
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 Family Medicine and is licensed to practice in Arizona. 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 46 year old female with a date of injury on 2/14/2012. The patient has been treated for ongoing wrist symptoms. Diagnosis include bilateral carpal tunnel syndrome. Subjective complaints are of worsening bilateral hand pain, numbness, and tingling. The hand symptoms cause loss of sleep, and incoordination with smaller items, and dropping items held in her hands. Physical examination shows bilateral positive Tinel's and Phalen's signs with paresthesias radiating in a median nerve distribution. There is decreased sensation in the same distribution. Previous treatments have included anti-inflammatories, activity modifications, splints and physical therapy. Further treatment with cortisone injections was proposed and declined. Electrodiagnostic studies indicated 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:

#### **1 Bilateral carpal tunnel release: 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 273.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommends surgical intervention for severe carpal tunnel syndrome (CTS) confirmed by nerve conduction velocity. Surgery should only be considered after education, conservative treatment, including splinting and injection have failed. The Official Disability Guidelines (ODG) recommends carpal tunnel release after an accurate diagnosis of moderate or severe CTS. Surgery is not generally initially indicated for mild CTS, unless symptoms persist after conservative treatment. The Official Disability Guidelines (ODG) has specific criteria for carpal tunnel release for mild/moderate carpal tunnel syndrome. Based on the medical records provided for review, indicates that this patient has meet these criteria. Patient's specific criteria fulfilling findings are: nocturnal symptoms, flick sign, positive Phalen's and Tinel's, decreased 2 point discrimination, positive electrodiagnostic testing, and failure of conservative treatments for over one month. The request for 1 bilateral carpal tunnel release is medically necessary and appropriate

**80 tablets of Oxycodone Hydrochloride 10mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The California MTUS guidelines indicate initiating oxycodone at 5mg every 6 hours for the immediate release formulation. MTUS Guidelines also suggests that therapy should be initiated at the lowest possible dose, and ongoing office visits for review of pain relief and functional status should be done. Although postoperative analgesia will likely be needed, the 10mg dose in a quantity of 80 pills without specific dosage instruction or specific follow-up schedule exceeds guideline recommendations. The request for 80 tablets of Oxycodone Hydrochloride 10mg is not medically necessary and appropriate.

**12 post operative occupational therapy visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The MTUS Postsurgical Treatment Guidelines recommend physical medicine for 3-8 visits over 3-5 weeks. Therefore, the request for 12 therapy sessions exceeds the recommended guidelines, and is not medically necessary and appropriate.