

Case Number:	CM13-0041215		
Date Assigned:	12/20/2013	Date of Injury:	04/24/2012
Decision Date:	04/09/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/11/2013

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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland. 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 50 year old male with diabetes, hyperlipidemia, hypertension and a reported date of injury on 4/24/12 when he suffered a fall on outstretched hands. On October 10, 2012, medical documentation reports the patient had electrodiagnostic signs of peripheral neuropathy with a superimposed focal left median nerve compression at the wrist. From December 17, 2012, the patient is noted to have pain of the left wrist and hand, as well as 'numbness, tingling, cramping and tension' in the wrist. Examination notes reverse Phalen's negative, Phalen's is positive on the left with numbness in all fingers. Cubital tunnel is positive at the wrist in all five fingers. Recommendation was made for injection of the carpal tunnel, analgesic medications, bracing and hand therapy. Documentation from 3/6/13 notes left wrist pain and constant numbness. Pain management has included Norco, hot/cold therapy and TENS unit. Utilization review dated 3/21/13 notes certification of Norco, Naproxen, Neurontin and Tramadol. Documentation from 4/3/13 notes continued left wrist pain with numbness. Pain awakens the patient at night. Physical therapy is documented as approved for 6 sessions. Examination from 5/13/13 notes continued left wrist pain and numbness and plans for physical therapy prior to any surgery. Documentation from 5/23/13 notes initial improvement with physical therapy. Plan was for activity modification, continued physical therapy, home exercise program and possible steroid injection. Documentation from 6/21/13 and 7/25/13 notes continued pain and numbness of the left wrist and is wearing a brace while at work. Continued non-operative therapy is recommended. Documentation from 9/27/13 notes continued pain and numbness of the left wrist with mild Tinel's at the wrist. He has weakness of the hand and had some initial relief with physical therapy and cortisone injections. He has completed physical therapy and is recommended for carpal tunnel release. Documentation from 11/30/13 notes a response to non-Final Determination Letter for IMR Case Number [REDACTED] certification of left carpal

tunnel release due to lack of official read from electrodiagnostic studies from July 11, 2012. The patient has carpal tunnel syndrome that has failed non-operative management. The requesting physician documented that he would fax a copy of the electrodiagnostic studies. Utilization review dated 11/26/13 certified left carpal tunnel release noting the patient appears to have exhausted conservative management. He has positive electrodiagnostic studies and physical exam findings that are consistent with this. Electrodiagnostic study results were reported by the reviewer, although the specific record was not present for this review. Utilization review dated 10/7/13 did not certify the primary procedure requested of left carpal tunnel release, as well as pre-op history and physical, CBC, CMP, EKG, CXR, Cold therapy rental, general anesthesia, Amoxicillin, Zofran, Neurontin, Rejuveness, sling for left wrist, pain catheter post-op, and Gabapentin. Reasoning given was that the official read of the reported abnormal electrodiagnostic studies from 7/11/12 was not provided.

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.

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

Decision rationale: The patient is a 50 year old male with diabetes who is documented to have left carpal tunnel syndrome that has failed non-operative management. Utilization review did not certify the requested procedure as the medical records did not contain the specific record of the electrodiagnostic study from July 11, 2012. The requesting surgeon only stated the results. In the medical records reviewed, this was still not provided. Specifically, from page 270 MTUS, ACOEM, 'High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS.' In addition, a cervical radiculopathy(double crush syndrome) will not be improved with carpal tunnel syndrome. Electrodiagnostic studies and complete examination of the neck,shoulder and upper extremity should specifically address this and provide corroborating evidence of carpal tunnel syndrome and rule out cervical radiculopathy. This fact was not commented on by the requesting surgeon and without the actual record, one cannot fully ascertain whether a double crush syndrome is present. In addition, the patient has evidence of peripheral neuropathy as a probable result of the diabetes, which complicates the evaluation process as well, necessitating complete, specific review of any electrodiagnostic studies. Thus, this is consistent with the evaluation of the utilization review and non-certification was correct. Further medical documentation from a later utilization review appears to have had the benefit of reviewing the electrodiagnostic studies from July 11, 2012 and could thus be a reason to certify the procedure. However, this report was not available in the medical records reviewed for this case.

PRE-OP HISTORY AND PHYSICAL: 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): 270.

Decision rationale: As the procedure in question was not certified, any preoperative history and physical would not be considered medically necessary as well.

CBC: 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): 270.

Decision rationale: As the procedure in question was not certified, any laboratory testing would not be considered medically necessary as well.

CMP (COMPLETE METABOLIC PANEL): 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): 270.

Decision rationale: As the procedure in question was not certified, any laboratory testing would not be considered medically necessary as well.

EKG: 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): 270.

Decision rationale: As the procedure in question was not certified, EKG would not be considered medically necessary as well.

CHEST X-RAY: 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): 270.

Decision rationale: As the procedure in question was not certified, any preoperative testing(CXR) would not be considered medically necessary as well.

COLD THERAPY-POLAR CARE RENTAL QTY: 21: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: As the procedure in question was not certified, any postoperative modality would not be considered medically necessary as well.

GENERAL ANESTHESIA: 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): 270.

Decision rationale: As the procedure in question was not certified, general anesthesia would not be considered medically necessary as well.

AMOXICILLIN 800MG, #20: 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): 270.

Decision rationale: As the procedure in question was not certified, any pre or postoperative antibiotic would not be considered medically necessary as well.

ZOFRAN 8MG, #20: 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): 270.

Decision rationale: As the procedure in question was not certified, any postoperative medical treatment would not be considered medically necessary as well.

NEURONTIN 600MG, #180: Upheld

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

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

Decision rationale: As the procedure in question was not certified, any postoperative medication would not be considered medically necessary as well.

REJUVENESS (1 SILICONE SHEETING TO REDUCE SCARRING): 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): 270.

Decision rationale: As the procedure in question was not certified, any postoperative modality would not be considered medically necessary as well.

SLING FOR LEFT WRIST: 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): 270.

Decision rationale: As the procedure in question was not certified, any postoperative modality would not be considered medically necessary as well.

PAIN CATHETER POST-OP: 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): 270.

Decision rationale: As the procedure in question was not certified, any postoperative pain treatment would not be considered medically necessary as well.