

Case Number:	CM14-0017785		
Date Assigned:	04/16/2014	Date of Injury:	07/11/2000
Decision Date:	06/03/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/12/2014

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 claimant, a 59-year-old gentleman, sustained bilateral upper extremity injuries on July 11, 2000. He is status post prior bilateral carpal tunnel release. The right carpal tunnel release was performed on October 7, 2000, and the left carpal tunnel release was performed on December 2, 2000. Electrodiagnostic studies dated October 16, 2013, revealed bilateral moderate recurrent carpal tunnel syndrome. A follow-up report dated December 8, 2013, documented ongoing complaints of bilateral hand pain and provided a current diagnosis of recurrent bilateral carpal tunnel syndrome. Objective findings showed positive bilateral Phalen's testing with full range of motion of the wrists noted. This request is for: staged bilateral revision carpal tunnel release procedures; a prescription for Prilosec; a prescription for Motrin; eight sessions of postoperative physical therapy; plain film radiographs of the bilateral wrists; and a follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

STAGED BILATERAL CARPAL TUNNEL RELEASE (R) THEN (L): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-270.

Decision rationale: The Expert Reviewer's decision rationale: Based on California ACOEM Guidelines, a staged carpal tunnel release procedure would be supported. The claimant's records document recurrent positive findings on electrodiagnostic studies 14 years following previous carpal tunnel release. There are concordant findings on examination. The clinical correlation between the claimant's examination and electrodiagnostic studies would establish further surgery as medically indicated. The request for staged bilateral carpal tunnel release (r) then (l) is medically necessary.

PRILOSEC: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Gi Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: California MTUS Guidelines would not support the role of Prilosec. At present there is no associated GI risk factor or indication for this protective proton pump inhibitor. Failure to demonstrate a Guideline specific risk factor for use of this agent would fail to support the request. California MTUS Chronic Pain Guidelines do not support the use of Prilosec in this case. The records do not document an associated GI risk factor or indication for this protective proton pump inhibitor. Absent documentation of a specific risk factor, as required by the Chronic Pain Guidelines, the request for Prilosec would not be medically necessary.

MOTRIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 72.

Decision rationale: California MTUS Chronic Pain Guidelines would not support the continued use of Motrin in this case. While the claimant's records reflect a carpal tunnel diagnosis, he is approved to undergo an operative process. The records would not support the continued need for chronic use of nonsteroidal medication for his diagnosis. The request for Motrin is not medically necessary.

PHYSICAL THERAPY X 8: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Postsurgical Rehabilitative Guidelines would support up to eight sessions of physical therapy in this case. The claimant is approved to undergo a staged carpal tunnel release procedure. Postsurgical Rehabilitative Guidelines provide for up to eight sessions of physical therapy postoperatively. This request would be medically necessary.

X-RAYS BILATERAL WRISTS: 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): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: California ACOEM Guidelines do not recommend routine use of x-rays for evaluation of wrist disorders. Therefore, the request for x-rays of the bilateral wrists is not recommended as medically necessary. The claimant's diagnosis of carpal tunnel syndrome has been well-established through recent electrodiagnostic studies. The reviewed records do not provide a rationale based on the claimant's examination or chronic complaints of pain that would support the need for acute radiographs of the bilateral wrists prior to surgery. There is also no documentation to indicate a new injury or development of new symptoms. Based on the information given, this request is not medically necessary.

RE-EVALUATION: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127.

Decision rationale: California ACOEM Guidelines would support the request for re-evaluation in this case. The individual is approved to undergo operative intervention; the request for postoperative reevaluation for care and management would be indicated as medically necessary.