

Case Number:	CM14-0134109		
Date Assigned:	08/27/2014	Date of Injury:	04/03/2013
Decision Date:	10/02/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/21/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 52-year-old male with a 4/3/13 date of injury. At the time (8/11/14) of request for authorization for right wrist post-op custom splint RFA 8-5-14, and Norco 10-325 mg w/refill x 1 RFA 8-5-14 qty 90.00, there is documentation of subjective (right hand pain and numbness) and objective (painful Tinel's, carpal compression test and Phalen's test reproduce the typical aching pain to the palm of the hand and forearm as well as numbness to the fingertips) findings, current diagnoses (right carpal tunnel syndrome), and treatment to date (physical therapy, immobilization, injection, and medications). Medical records identify a certification of a right carpal tunnel release. 8/5/14 RFA identifies a request for Norco for post-op pain. Regarding the requested Norco 10-325 mg w/refill x 1 RFA 8-5-14 qty 90.00, there is no documentation of an intention to treat over a short period of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Wrist Post-Op Custom Splint RFA 8-5-14: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Splinting

Decision rationale: MTUS reference to ACOEM guidelines identifies that two prospective randomized studies show no benefit effect from postoperative splinting after carpal tunnel release when compared to bulky dressing alone. ODG identifies that splinting after surgery has negative evidence. Therefore, based on guidelines and a review of the evidence, the request for right wrist post-op custom splint RFA 8-5-14 is not medically necessary.

Norco 10-325MG W/Refill X 1 RFA 8-5-14 QTY 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76, 78-80, 91, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

Decision rationale: MTUS reference to ACOEM identifies documentation of severe pain, as criteria necessary to support the medical necessity of opioid therapy for a short period of time. Within the medical information available for review, there is documentation of diagnoses of right carpal tunnel syndrome. In addition, there is documentation of a pending right carpal tunnel release. However, given documentation of a request for Norco 10-325 mg RFA 8-5-14 qty 90.00, w/refill x 1, which would exceed a postoperative course following carpal tunnel release, there is no documentation of an intention to treat over a short period of time. Therefore, based on guidelines and a review of the evidence, the request for Norco 10-325 mg w/refill x 1 RFA 8-5-14 qty 90.00 is not medically necessary.