

Case Number:	CM14-0136979		
Date Assigned:	10/07/2014	Date of Injury:	08/13/2013
Decision Date:	11/03/2014	UR Denial Date:	08/04/2014
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 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 is a 52-year old female who injured her right wrist and left ankle in a work-related accident 08/13/13. The records provided for review documented diagnosis of right wrist De Quervain's tenosynovitis and right carpal tunnel syndrome that has failed conservative care. The progress report dated 07/11/14 described continued complaints of pain and positive physical examination findings. The recommendation at that time was for a right carpal tunnel release procedure. There was no documentation regarding the first dorsal extensor compartment diagnosis. Authorization has been given for the carpal tunnel release. There are multiple perioperative requests to include 12 sessions of initial postoperative physical therapy, post-operative medications to include: Norco, Keflex, Ambien and Zofran, as well as the post-operative use of a brace and three weeks use of a cryotherapy device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post- op physical therapy to the right wrist two times a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on the California MTUS Post-Surgical Rehabilitative Guidelines, the request for twelve (12) sessions of postoperative physical therapy is not recommended as

medically necessary. The Post-Surgical Guidelines recommend three to eight sessions of physical therapy following carpal tunnel release. The request for 12 sessions would exceed the guideline criteria and would, thus, not be indicated. There is no documentation to support that the claimant would be an exception to the standard treatment. Therefore the request is not medically necessary.

Post -op medication Norco 5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS-CRITERIA FOR USE Page(s): 76-80.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the request for postoperative pain medication in the form of Norco for 120 tablets would not be indicated. Following a carpal tunnel release procedure, there certainly would be indications for the postoperative use of analgesics; however, the documented request for 120 tablets would far exceed the recommended Chronic Pain Guidelines or medical need for narcotic analgesics following an out-patient procedure for carpal tunnel release. There would currently be no indication for use of this agent beyond the first one to two weeks of symptomatic treatment. While analgesics would be appropriate following surgery, the requested quantity of Norco is not medically necessary.

Post-op medication Keflex 500mg #12: 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), Infectious Disease Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Prokuski L.; Source University of Wisconsin Hospitals, Madison, WI 53792, USA. Abstract

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. In looking at a current orthopedic literature review, oral Keflex would not be indicated. While preoperative antibiotics in the form of IV medications can be given at the time of surgical intervention, there is no indication or reason for the postoperative oral use of the agents following the surgical procedure in question. Request for continued use of Keflex is not medically necessary.

Post-Op medication Ambien 10mg #30: 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), Pain Chapter

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

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the postoperative use of Ambien would not be indicated. The claimant will have an out-patient carpal tunnel procedure which typically is performed under local or regional anesthetic. There would be no indication of postoperative insomnia or indication for the need for medications to treat sleep disturbance. The medical records do not identify that the claimant has a diagnosis of insomnia that would require treatment with Ambien. Therefore the request is not medically necessary.

Post-op medication Zofran 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-emetics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter: Antiemetics (for opioid nausea)

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for Zofran would not be indicated. Zofran, while used in the postoperative setting after anesthesia, would not be supported following this surgery, which typically requires local anesthetic or regional anesthetic. ODG typically supports the use of Zofran for opioid induced nausea or vomiting. There is no documentation to support that is the reason for its use in this case. The postoperative request for this medication following the claimant's carpal tunnel surgery would not be indicated. Therefore the request is not medically necessary.

Post-op brace: 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), Carpal Tunnel Chapter

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

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines do not recommend postoperative

bracing following a carpal tunnel release procedure. Following surgery, the use of a soft-dressing bandage and advancement of activities in a prompt fashion allows for better improvement in terms of range of motion and strength. The use of a post-operative brace would not be indicated. Therefore the request is not medically necessary.

Ice therapy/cold compression therapy for post-op pain and swelling for three weeks:

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), Carpal Tunnel Syndrome Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Carpal tunnel procedure - Continuous cold therapy (CCT)

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for three week rental of a cryotherapy device would not be indicated. ACOEM Guidelines recommend the use of ice packs to treat pain and swelling. While the Official Disability Guidelines recommends the use of cryotherapy devices postoperatively, ODG only recommends their use for up to seven (7) days including home use. The request for three weeks use of the above device would exceed the guidelines and cannot be supported. Therefore the request is not medically necessary.