

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0151891 | | |
| Date Assigned: | 09/19/2014 | Date of Injury: | 12/05/2008 |
| Decision Date: | 10/23/2014 | UR Denial Date: | 09/12/2014 |
| Priority: | Standard | Application Received: | 09/17/2014 |

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:

Patient is a 48-year-old male who has submitted a claim for bilateral carpal tunnel syndrome, cervical discopathy, bilateral upper extremity overuse tendinopathy, lumbar sprain / strain, anxiety, and depression associated with an industrial injury date of 12/05/2009. Medical records from 2013 to 2014 were reviewed. Patient complained of left hand pain with numbness, graded 8/10 in severity. Physical examination showed positive Tinel's and Phalen's tests. Sensation was diminished at the median nerve distribution. Resisted extension of the long digits was mildly positive for pain at the radial tunnel. Resisted extension of the wrist was mildly positive for pain at the lateral epicondyle. Range of motion was normal. Motor strength was graded 3/5. Reflexes were intact. EMG/NCV of right upper extremity, dated 10/27/2010, showed right median demyelinating neuropathy at the wrist, affecting motor and sensory fibers. There was likewise EMG evidence of an active right C6 radiculopathy. There was no electrodiagnostic study pertaining to the left arm. Treatment to date has included right carpal tunnel release on 11/16/2013, physical therapy, activity restrictions, splinting, and medications. Utilization review from 9/12/2014 denied the request for left carpal tunnel release because of absence of electrodiagnostic study to confirm diagnosis of carpal tunnel syndrome. The denial of surgery also resulted to non-certification of other services: Postoperative physical therapy 8 sessions 2 times per week for 4 weeks left hand/wrist, Zofran postoperative #10, Duricef postoperative 500mg one tab twice daily for 7 days, Norco postoperative 10/325mg #60, Sprix nasal spray for postoperative pain 15.76mg, 40 units 5 bottles, and Duexis (ibuprofen and famotidine) tablets 800mg/ 26.6 #60.

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 Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines for Carpal Tunnel Syndrome, indication for surgery

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 Syndrome chapter, Carpal tunnel release surgery (CTR)

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, carpal tunnel release surgery is recommended after an accurate diagnosis of moderate to severe carpal tunnel syndrome. For severe carpal tunnel syndrome, indications include muscle atrophy and severe weakness of the thenar muscles, two-point discrimination test > 6 mm, and positive electrodiagnostic testing. For other cases, indications include symptoms - nocturnal symptoms, flick sign, abnormal Katz hand diagram scores; at least two of the following - compression test, Semmes-Weinstein monofilament test, Phalen sign, Tinel's sign, decreased 2-point discrimination, or mild thenar weakness; initial conservative treatment, at least 3 of the following - activity modification > 1 month, night wrist splinting > 1 month, analgesic medications, home exercise training, or successful outcome from corticosteroid injection trial; and positive electrodiagnostic testing. In this case, patient complained of left hand pain with numbness, graded 8/10 in severity. Physical examination showed positive Tinel's and Phalen's tests. Sensation was diminished at the median nerve distribution. Resisted extension of the long digits was mildly positive for pain at the radial tunnel. Resisted extension of the wrist was mildly positive for pain at the lateral epicondyle. Range of motion was normal. Motor strength was graded 3/5. Reflexes were intact. Clinical manifestations were consistent with carpal tunnel syndrome. Symptoms persisted despite physical therapy, activity restrictions, splinting, and medications. However, there was no electrodiagnostic study to confirm presence of carpal tunnel syndrome - which is a guideline criterion for carpal tunnel release. There was no discussion concerning need for variance from the guidelines. Therefore, the request for left carpal tunnel release was not medically necessary.

Postoperative physical therapy 8 sessions 2 times per week for 4 weeks left hand/wrist:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The related request for left carpal tunnel release has been deemed not medically necessary; therefore, all of the associated services, such as this request for

Postoperative physical therapy 8 sessions 2 times per week for 4 weeks left hand/wrist is likewise not medically necessary.

Zofran postoperative #10: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The related request for left carpal tunnel release has been deemed not medically necessary; therefore, all of the associated services, such as this request for Zofran postoperative #10 is not medically necessary.

Duricef postoperative 500mg one tab twice daily for 7 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The related request for left carpal tunnel release has been deemed not medically necessary; therefore, all of the associated services, such as this request for Duricef postoperative 500mg one tab twice daily for 7 days is not medically necessary.

Norco postoperative 10/325mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The related request for left carpal tunnel release has been deemed not medically necessary; therefore, all of the associated services, such as this request for Norco postoperative 10/325mg #60 is not medically necessary.

Sprix nasal spray for postoperative pain 15.76mg, 40units 5 bottles: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The related request for left carpal tunnel release has been deemed not medically necessary; therefore, all of the associated services, such as this request for Sprix nasal spray for postoperative pain 15.76mg, 40 units 5 bottles is not medically necessary.

Duexis (ibuprofen and famotidine) tablets 800mg/ 26.6 #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The related request for left carpal tunnel release has been deemed not medically necessary; therefore, all of the associated services, such as this request for Duexis (ibuprofen and famotidine) tablets 800mg/ 26.6 #60 is not medically necessary.