

Case Number:	CM14-0153763		
Date Assigned:	09/23/2014	Date of Injury:	02/27/2014
Decision Date:	11/24/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/19/2014

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 Orthopaedic 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:

This 48-year-old male plumber sustained an industrial injury on 2/27/14 relative to repetitive work duties. The 3/31/14 EMG/NCV report documented findings of moderate right carpal tunnel syndrome and mild compression of the ulnar nerve at or near the medial epicondyle. There was no other evidence of entrapment neuropathy or active cervical radiculopathy in the right upper extremity. Conservative treatment included physical therapy, wrist bracing, elbow bracing, anti-inflammatory medications, and activity modification. Records indicated that the patient completed 20 visits of physical therapy as of 8/4/14 for a diagnosis of carpal tunnel syndrome and was unable to work. The 8/7/14 treating physician report cited right wrist pain and right hand tingling and numbness. Right elbow exam documented no swelling, no atrophy, full range of motion, no instability to varus/valgus stress, and 5/5 global strength. There was tenderness over the ulnar nerve on the medial aspect and no subluxation of the nerve evident with elbow flexion/extension. Tinel's sign was positive over the cubital tunnel and elbow flexion test was positive. Right wrist/hand exam documented positive Tinel's, Phalen's, and median nerve compression tests. There was 4/5 abductor pollicis longus weakness, otherwise strength was 5/5. There was decreased sensation over the ulnar and median nerve distributions in the hand. Two-point discrimination was 8 mm over the median and ulnar distributions. The diagnosis was right wrist flexor tenosynovitis, carpal tunnel syndrome, and cubital tunnel syndrome. The patient had failed conservative treatment including night-time elbow extension bracing, wrist bracing, physical therapy, and anti-inflammatory medications. The treatment plan recommended proceeding with right ulnar nerve anterior nerve transposition at the elbow and right carpal tunnel release. The 8/23/14 utilization review denied the right ulnar nerve transposition as there was no evidence of loss of range of motion or subluxation of the ulnar nerve. The request for carpal tunnel syndrome was denied as there was no evidence of muscle atrophy or severe thenar

muscle weakness and the patient did not meet guideline criteria relative to abnormal Katz hand diagram, nocturnal symptoms, or flick sign. The 8/28/14 treating physician report was essentially unchanged from the 8/4/14 report but did document that cited right wrist and hand symptoms woke him up at night and there was a positive flick sign.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right ulnar nerve anterior nerve transposition at the elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-37.

Decision rationale: The California MTUS guidelines state that surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. A decision to operate requires significant loss of function, as reflected in significant activity limitations due to the nerve entrapment and that the patient has failed conservative care, including full compliance in therapy, use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, workstation changes (if applicable), and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. Absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. Guideline criteria have not been met. Evidence of 3 to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no evidence that physical therapy has been provided relative to cubital tunnel syndrome. There is no evidence of severe neuropathy, electrodiagnostic findings suggested mild compression at or near the medial epicondyle. Therefore, this request is not medically necessary.

1 right carpal tunnel release: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Indications for Surgery- Carpal Tunnel Release

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. The Official Disability Guidelines provide clinical indications for carpal tunnel release that include specific

symptoms (abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick Sign), physical exam findings (compression test, monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness), conservative treatment (activity modification, night wrist splint, non-prescription analgesia, home exercise training), successful corticosteroid injection trial, and positive electrodiagnostic testing. Guideline criteria have been met. The patient presents with subjective and clinical exam findings consistent with carpal tunnel syndrome. Electrodiagnostic studies revealed findings consistent with moderate right carpal tunnel syndrome. Evidence of 5-months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

1 prescription of Duricef 500mg #28: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Neuroscience Nurses (AANN). Thoracolumbar spine surgery: a guide to preoperative and postoperative patient care. Glenview (IL): American Association of Neuroscience Nurses (AANN); 2012. 41p

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Working Group of the Clinical Practice Guideline for the Patient Safety at Surgery Settings. Clinical practice guideline for the patient safety at surgery settings. (AIAQS); 2010. 191

Decision rationale: The California MTUS and Official Disability Guidelines do not address the use of prophylactic antibiotics in the peri-operative course or post-operative course. Clinical practice guidelines indicate that a single standard dose of is sufficient for prophylaxis in most circumstances, except if surgery that longer than four hours or if loss of blood exceeds 1500 cc. There is no compelling reason to support the medical necessity of antibiotic therapy beyond the peri-operative period (typically 24 hrs). Therefore, this request is not medically necessary

1 prescription of Narcosoft #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 77.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend the initiation of prophylactic treatment of constipation when using opioids. Narcosoft is a blend of soluble fibers and natural laxatives. Guideline criteria have been met. This patient has been prescribed post-operative opioid pain medication. Therefore, this request is medically necessary.

1 prescription of Norco 10mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271, Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of opioids on a short term basis for wrist/hand pain. Guidelines recommend Norco for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Short-acting opioids, also known as "normal-release" or "immediate-release" opioids, are seen as an effective method in controlling both acute and chronic pain. Guideline criteria have been met for the post-operative use of Norco. Therefore, this request is medically necessary.

1 prescription of Zofran 8mg #10: Upheld

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 Practice guidelines for postanesthetic care: an updated report by the American Society of Anesthesiologists Task Force on Postanesthetic Care. *Anesthesiology*. 2013 Feb;118(2):291-307

Decision rationale: The California MTUS Guidelines do not provide recommendations for anti-emetics for post-operative use. Practice guidelines for post-anesthetic care support the use of anti-emetics, such as Zofran, for patients when indicated but do not recommend routine pharmacologic prophylaxis of nausea and vomiting. There are no specific indications for the prophylactic prescription of anti-emetics for this patient. Therefore, this request is not medically necessary.

1 pre-op medical clearance: 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 Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38

Decision rationale: Under consideration is a request for pre-operative medical clearance. The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met. Records documented height and weight consistent with a body mass index of 33.1, consistent with

obesity. Middle-aged obese males have known occult increased medical/cardiac risk factors. Given these clinical indications, this request is medically necessary.

8 post-op physical therapy sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for carpal tunnel release suggest a general course of 3 to 8 post-operative visits over 3-5 weeks during the 3-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 4 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request is medically necessary.

1 DVT prophylaxis sequential compressive device: Upheld

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 Shoulder, Venous Thrombosis

Decision rationale: The California MTUS guidelines are silent with regard to deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines (ODG) recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. The administration of DVT prophylaxis is not generally recommended in upper extremity procedures. Guideline criteria have not been met. There are limited DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this request for DVT (deep vein thrombosis) prophylaxis is not medically necessary.

1 post-op pain block: Upheld

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 Practice guidelines for acute pain management in the

perioperative setting. An updated report by the American Society of Anesthesiologists Task Force on Acute Pain Management

Decision rationale: The California MTUS and Official Disability Guidelines do not provide recommendations for post-operative pain blocks. Clinical practice guidelines state that anesthesiologists who manage perioperative pain should use therapeutic options such as epidural or intrathecal opioids, systemic opioid PCA, and regional techniques after thoughtfully considering the risks and benefits for the individual patient. There is no available guideline support for a non-specific post-op pain block. There is no compelling reason presented to support the medical necessity of this request in the absence of guideline support. Therefore, this request is not medically necessary.