

Case Number:	CM14-0024667		
Date Assigned:	09/10/2014	Date of Injury:	09/01/2011
Decision Date:	10/03/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	02/26/2014

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 Anesthesiology has a subspecialty in Pain Management 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 62-year-old male with a 9/1/11 date of injury. At the time (1/13/14) of request for authorization for right side carpal tunnel release surgery, pre-op clearance, post-operative physical therapy three (3) times a week for four (4) weeks, coolcare cold therapy unit purchase, and Tylenol #3, one tid #90, there is documentation of subjective (ongoing pain, numbness, and tingling of the right hand into the thumb, index and middle fingers) and objective (positive Tinel's and Phalen's tests of the right wrist, decreased right hand strength, decreased sensation in the median nerve distribution, and tenderness to palpation over the dorsum of the right wrist) findings, imaging findings (reported nerve conduction study (6/16/11) revealed a positive study; report not available for review), current diagnoses (carpal tunnel syndrome and chronic pain syndrome), and treatment to date (medications (Tylenol #3 since at least 10/22/13), activity modification, wrist splint, right carpal tunnel injection with pain relief, and physical modalities)). In addition, medical report identifies a request to refill Tylenol #3. Regarding right side carpal tunnel release surgery, there is no documentation of additional symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)) and an electrodiagnostic report with positive electrodiagnostic testing. Regarding Tylenol #3, one tid #90, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Side Carpel Tunnel Release Surgery: 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): 270. Decision based on Non-MTUS Citation Carpal Tunnel Syndrome, Carpal tunnel release surgery (CTR)

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of positive findings on clinical examination and the diagnosis should be supported by nerve conduction, as criteria necessary to support the medical necessity of carpal tunnel release. ODG identifies documentation of at least 2 symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)), at least 2 findings by physical exam (Durkan's compression test, Semmes-Weinstein monofilament test, Phalen Sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness (thumb abduction), at least 3 conservative treatment measures attempted (activity modification \geq 1 month, wrist splint \geq 1 month, nonprescription analgesia, physical therapy referral for home exercise training, and/or successful initial outcome from corticosteroid injection trial (optional)), and positive electrodiagnostic testing, as criteria necessary to support the medical necessity of carpal tunnel release. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome and chronic pain syndrome. In addition, there is documentation of symptoms (ongoing pain, numbness, and tingling of the right hand into the thumb, index and middle fingers), at least 2 findings by physical exam (Phalen Sign and Tinel's sign), and at least 3 conservative treatment measures attempted (activity modification, wrist splint, nonprescription analgesia, physical therapy referral for home exercise training, and successful initial outcome from corticosteroid injection trial). However, there is no documentation of additional symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)). In addition, despite documentation of 1/13/14 medical report's reported nerve conduction study identify a positive study, there is no documentation of an electrodiagnostic report with positive electrodiagnostic testing. Therefore, based on guidelines and a review of the evidence, the request for right side carpal tunnel release surgery is not medically necessary.

Pre-Op Clearance: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Operative Physical Therapy Three (3) Times a Week for Four (4) Weeks: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Coolcare Cold Therapy Unit Purchase: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Tylenol #3, One Tid #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome and chronic pain syndrome. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Tylenol #3 since at least 10/22/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Tylenol #3. Therefore, based on guidelines and a review of the evidence, the request for Tylenol #3, one tid #90 is not medically necessary.