

<b>Case Number:</b>	CM14-0026384		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/20/2010
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Hand Surgeon and is licensed to practice in Texas. 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 injured worker is a 50-year-old female who reported an injury on 08/20/2010. The mechanism of injury was not stated. Current diagnoses include status post right carpal tunnel release, right wrist ganglion cyst, and left carpal tunnel syndrome. The injured worker was evaluated on 01/21/2014 with complaints of left hand pain and numbness. Previous conservative treatment was not mentioned. Physical examination revealed positive Tinel's and Phalen's testing on the left, weakness, and tenderness over the lateral aspect of the wrist and thenar region. Treatment recommendations at that time included left carpal tunnel release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Docusate:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation Treatment.

**Decision rationale:** California MTUS Guidelines state prophylactic treatment of constipation should be initiated when also initiating opioid therapy. Official Disability Guidelines state first line treatment for opioid-induced constipation includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. The injured worker does not maintain a diagnosis of chronic constipation. There is no mention of chronic constipation or gastrointestinal complaints. There is also no documentation of a failure to respond to first line treatment as recommended by the Official Disability Guidelines. Furthermore, there is no strength, frequency, or quantity listed in the current request. As such, the request is not medically necessary.

**Left carpal tunnel surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management, and have clear clinical and special study evidence of a lesion. Carpal tunnel syndrome must be proved by positive findings on examination and supported by nerve conduction studies. The injured worker does demonstrate decreased grip strength, tenderness to palpation, and positive Tinel's and Phalen's testing. However, there is no mention of an attempt at conservative treatment. There were also no electrodiagnostic studies provided for this review. Based on the clinical information received, the request is not medically necessary.