

<b>Case Number:</b>	CM14-0057358		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	08/17/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Mississippi. 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 records, presented for review, indicate that this 37-year-old individual was reportedly injured on August 17, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 24, 2014, indicated that there were ongoing complaints of bilateral hands and fingers numbness. The physical examination demonstrated a 5'3", 199 pound individual to be borderline hypertensive (147/88). The injured employee was noted to be in no acute distress. Sensory testing to the digits was intact bilaterally. Positive compression testing was noted over the bilateral carpal tunnels, bilateral medial and lateral epicondyles. Diagnostic imaging studies objectified a slight conduction delay on electrodiagnostic testing. Previous treatment included multiple medications and physical therapy. A request had been made for right wrist endoscopic carpal tunnel release, bilateral lateral epicondyle steroid injection, left wrist dorsal compartment steroid injection, postoperative therapy 8-10 sessions, Norco, and Ciprofloxacin and was not certified in the pre-authorization process on March 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Wrist Endoscopic Carpal Tunnel Release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines Carpal Tunnel Release.

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

**Decision rationale:** The electrodiagnostic studies noted a mild carpal tunnel syndrome. As outlined in the ACOEM guidelines, surgical intervention is limited to severe conduction delays. Therefore, when noting the findings on physical examination, the findings on electrodiagnostic testing, and by the parameters noted in the guidelines, there is insufficient clinical data presented to meet the medical necessity of such a surgical intervention.

**Bilateral Lateral Epicondyle Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269, Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines Cortisone Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**Decision rationale:** As outlined in the guidelines, there is no recommendation for or against the use of injections. However, there is limited clinical evidence to support that there is a significant compressive neuropathy as noted with electrodiagnostic testing. As such, there is insufficient clinical evidence to establish the medical necessity of this week.

**Left Wrist Dorsal Compartment Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines Cortisone injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** As outlined in the guidelines, there is no recommendation for or against the use of injections. However, there is limited clinical evidence to support that there is a significant compressive neuropathy as noted with electrodiagnostic testing. As such, there is insufficient clinical evidence to establish the medical necessity of this week.

**Post Operative Therapy 8-10 sessions:** Upheld

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

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

**Decision rationale:** When noting that the underlying surgical request is not medically necessary, postoperative physical therapy for the surgery is not medically necessary.

**Norco:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 of 127.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines recommend "short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects." There is no medical necessity for the underlying surgical request. Therefore, postoperative pain medications are also not medically necessary.

**Cipro:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheelless Textbook of Orthopedics Antibiotics.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.