

<b>Case Number:</b>	CM14-0068380		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/17/2010
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Texas, New Mexico, Nebraska. 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 patient is a 39-year-old female who sustained an industrial injury on 5/17/2010. She fell, sustaining fracture of the left radius and rib. She is status post 5 surgeries: 5/17/10 ORIF left distal radius ulnar fracture with volar plate and copious bone supplement; 1/2011 ulnar nerve decompression; 10/17/11 removal plate and screws left distal radius, release left first dorsal compartment, release left intersection/second dorsal compartment; 12/21/12 left total wrist arthodesis, posterior interosseus nerve excision, possible left distal radius bone graft, possible right anterior/posterior iliac crese bone graft; 1/30/13 scar revision, left wrist arthrodesis, excision of posterior interosseus nerve, extensor tenosynovectomy, removal of bone graft. Past medical care has also included PT x 30 2010-2011, multiple EMG studies, OT x 32 2011-2012, and medications. The 5/28/2013 2-view x-ray of the left forearm, compared to 12/06/12 study, provided the impression: no acute dislocation or fracture identified. Fixiation plate traverses the dorsal aspect of the distal radius to the proximal third metacarpal. No radiographic evidence of hardware loosening or infection. The 5/28/2013 3-view x-rays of the left hand provided the impress: No acute findings; hardware intact without evidence of abnormal loosening or infection. According to the 1/7/2014 PTP progress report, the patient complains of pain in the left hand/forearm, dropping objects, discoloration of skin, stiffness of fingers and hand, and numbness and tingling of the left thumb, index, middle, ring, and small fingers. Objective findings are increased pain intersection, same plate pain, increased 1st dorsal compartment pain and otherwise unchanged examination. The 1/9/2014 EMG/NCV study of the bilateral upper extremities suggests mild to moderate left carpal tunnel syndrome and mild to moderate ulnar neuropathy at the elbow; left chronic active C8-T1 cervical radiculopathy; clinical correlation is required. According to the 2/4/2014 PTP progress report, the patient complains of tingling sensation in the left thumb, index and long fingers, pain in the left hand

radiates to the forearm and elbow, stiffness of the left fingers and hand, dropping objects, and pulling sensation in the left long finger. Physical examination is reported as unchanged. According to the 3/19/2014 PTP progress report, physical examination findings (which are entirely subjective in nature) are reported as pain in the left hand radiates to forearm, stiffness of the left fingers and hand, tingling sensation in left ring, small fingers, and hand, positive provocative testing: median nerve compression and Tinel sign on the left (unable to perform Phalens' test); pain along plate and screws now for several month with no relief; continued pain in the medial aspect of the left elbow with elbow flexion test positive and Tinel sign positive ulnar nerve in its newly transposed position. Authorization for surgery, and post-operative OT, equipment/DME and medications, are requested.

### **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 Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Carpal Tunnel Release - Indications for Surgery.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Carpal tunnel release surgery (CTR).

**Decision rationale:** According to the guidelines, carpal tunnel release is recommended following the accurate diagnosis of moderate or severe CTS. It is appreciated that the patient has an extensive surgical history of the left wrist/hand. The medical records do not document the existence of objective findings on examination that correlate to moderate or worse CTS of the left wrist. In addition, there is no detailed documentation of conservative care provided recently to address the CTS complaint. Such as splint, OT/HEP, NSAIDs, and cortisone injection(s). The patient has a lengthy surgical history, it is very appropriate that conservative care should be thoroughly exhausted and evidence needs to strongly support that additional surgery is indeed medically necessary to significantly improve function. Such is not evident in this case. Given the absence of significant subjective symptoms and clinical findings, the medical records do not establish left CTR is medically indicated. Therefore, the request for left carpal tunnel release is not medically necessary and appropriate.

#### **Left Wrist Flexor Tenosynovectomy: Upheld**

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

**MAXIMUS 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 (ODG) Carpal Tunnel Syndrome, Carpal tunnel release surgery (CTR).

**Decision rationale:** The medical records do not establish the medical necessity of left carpal tunnel release. The adjunctive procedure of flexor tenosynovectomy is unnecessary.

**Left Dorsal Wrist Plate and Screw Removal: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Hardware Removal.

**MAXIMUS 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 (ODG) Forearm, Wrist & Hand; Hardware implant removal (fracture fixation).

**Decision rationale:** The medical records do not establish the medical necessity of left carpal tunnel release. The adjunctive procedure of flexor tenosynovectomy is unnecessary.

**Left Extensor Tenolysis: Upheld**

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

**MAXIMUS 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 (ODG) Carpal Tunnel Syndrome, Carpal tunnel release surgery (CTR).

**Decision rationale:** The medical records do not establish the medical necessity of left carpal tunnel release. The adjunctive procedure of extensor tenolysis is not appropriate or medically necessary.

**Fabricated/Custom Splint: Upheld**

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

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

**Decision rationale:** According to the guidelines, studies show no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. In fact, splinting the wrist beyond 48 hours following CTS release may be largely detrimental, especially compared to a home therapy program. Regardless, the medical records fail to establish the proposed surgical intervention is appropriate and medically necessary. Consequently, in the absence of surgery, post-operative devices are not warranted.

**Cold Therapy x 30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Continuous-Flow Cryotherapy - Multiple Chapters, Cervical, Shoulder, Lumbar, and Knee.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand; Heat therapy.

**Decision rationale:** The guidelines recommend at-home local applications of cold packs first few days of acute complaints; thereafter, applications of heat therapy. In addition, the patient is not deemed a candidate for the proposed surgical procedure. Regardless, a cold therapy device is not medically necessary in this case.

**CPM (Continuous Passive Motion) for Finger Movement x 30 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Continuous Passive Motion (CPM) (Thein-Cochrane, 2004).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand; Continuous passive motion (CPM).

**Decision rationale:** The Official Disability Guidelines state CPM is recommended. Controlled mobilization regimens are widely employed in rehabilitation after flexor tendon repair in the hand. However, the medical records do not support the proposed surgery is clinically indicated. In absence of surgical intervention, postoperative equipment is not necessary.

**Post Operative OT (Occupational Therapy) with Certified Hand Therapist 3 x 4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Post Op PT and CTR Note for PT: Post Op PT for CTR: Kullick, RG. Ortho Clinics of NA, 1996, April 27(2) pp345-53.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16, 19, 20..

**Decision rationale:** Medical necessity for the proposed surgery has not been established in accordance with the referenced guidelines. In absence of surgical intervention, post-operative therapy is not medically indicated.

**Norco Hydrocodone/APAP 10/325 mg #90, Refills x1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** CA MTUS states Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet; Lorcet Lortab; Margesic-H, Maxidone; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available) is indicated for moderate to moderately severe pain. It is classified as a short-acting opioid, which are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Norco is requested as a postoperative medication. However, the medical records do not establish surgical intervention is appropriate and medically necessary. Consequently, post-operative medication is not warranted.

**Keflex (Cephalexin) 500 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ANN SURG 2008; 247: 918-926: Prophylactic Antimicrobial Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MedlinePlus - Cephalexin.

**Decision rationale:** Cephalexin is a cephalosporin antibiotic used to treat certain infections caused by bacteria such as pneumonia and bone, ear, skin, and urinary tract infections. In the absence of surgery, prophylactic antibiotics is not medically warranted.

**Zofran (Odansetron ODT) 4 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zofran (Odansetron ODT) - Nausea and Vomiting Secondary to Opioid Use.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics (for opioid nausea).

**Decision rationale:** According to ODG, Antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. Ondansetron (Zofran) is a serotonin 5-HT<sub>3</sub> receptor antagonist, FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. The request for Zofran is not medically necessary. In the absence of surgical intervention, consideration for this medication for postoperative use is not medically necessary and appropriate.