

Case Number:	CM14-0181046		
Date Assigned:	11/04/2014	Date of Injury:	02/02/2013
Decision Date:	01/12/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	10/29/2014

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 Minnesota. 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 45 year old female with bilateral upper extremity pain. She injured her right thumb while packing oranges. She has pain in both wrists, elbows and shoulders. She underwent an endoscopic right carpal tunnel release on 12/10/2013. This helped the paresthesias but she had pillar pain after surgery. EMG and Nerve conduction studies were repeated on 2/17/2014. The nerve conduction study showed mild to moderate bilateral carpal tunnel syndrome. Electromyography was normal. The surgeon stated that it takes a year for the nerve conduction to return to normal and the repeat study was performed too soon after surgery. Since then the pillar pain has been injected with steroidsw, and a 1st dorsal compartment was also given for DeQuervain's disease of the right wrist. A request for Tramadol was non-certified by UR. The issues in dispute pertain to a request for a repeat right carpal tunnel release and a urine toxicology screen. The request for the revision surgery was non-certified as the MTUS guidelines were not met. The urine toxicology was non-certified as the risk level assessment was not clear, there was a prior negative screen and there was no evidence that the results were incorporated into a drug prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Urine Drug Screens Page(s): 43, 77, 89.

Decision rationale: California MTUS chronic pain guidelines recommend urine drug screens as an option to assess for the use or presence of illegal drugs or before a trial of opioids or as part of an opioid pain treatment agreement. There is no documentation of aberrant behavior or suspicion of illegal drug use. The prior urine test was negative. The request for Tramadol was non-certified by UR. The assessment of risk level is not clear. Based upon the above the request for urine toxicology screen is not supported by guidelines therefore the request is not medically necessary.

Right Carpal Tunnel Release (revision): 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: California MTUS guidelines indicate that surgical decompression of the median nerve usually relieves symptoms. The records indicate a right endoscopic carpal tunnel release was performed on December 10, 2013 based upon evidence of carpal tunnel syndrome on nerve conduction studies which are not submitted. The post-operative notes of 1/30/2014 indicate that tingling and numbness had resolved. DeQuervain's disease was injected at that time. On 5/29/2014 the main complaint was stiffness. A pillar injection was given for persisting tenderness. The repeat EMG and Nerve Conduction Studies were performed too soon after the carpal tunnel release and on 2/17/2014 although electromyography was normal, the nerve conduction study showed persisting prolongation of the distal median latency interpreted as mild to moderate carpal tunnel syndrome although the actual latencies are not reported. The records also indicate generalized pain in both upper extremities including the wrists, elbows, and shoulders, which may represent an underlying systemic disorder unrelated to carpal tunnel syndrome. The repeat nerve conduction study is usually indicated 1 year post surgery and the latencies are usually normal at that time. The guidelines also indicate surgery will not relieve symptoms from cervical radiculopathy which is also a possibility based upon the presence of neck pain and bilateral upper extremity pain. There must be a proven diagnosis of carpal tunnel syndrome clinically and on repeat nerve conduction studies a year from the surgery date of 12/10/2013 before revision surgery is considered. Based upon the guidelines the request for a revision right carpal tunnel release is not medically necessary.