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| Case Number: | CM15-0002363 | | |
| Date Assigned: | 01/13/2015 | Date of Injury: | 10/04/2004 |
| Decision Date: | 03/09/2015 | UR Denial Date: | 12/23/2014 |
| Priority: | Standard | Application Received: | 01/06/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, New Hampshire, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 UR this is a 59 year old female who sustained an industrial injury 10/04/2004 reporting bilateral hand and wrist pain with pins and needles sensations. The only records submitted for this review were electro diagnostic study done on 07/18/2014 and urine drug screen. The requests for authorization are noted on the UR. There is no records available (for this review) noting current status, diagnoses or prior treatments. Electro diagnostic study done on 07/18/2014 reveals evidence of an entrapment neuropathy at the wrist bilaterally (carpal tunnel syndrome). There is also evidence of entrapment of the ulnar nerves. There was no denervation found in any of the muscles that were tested electromyographically. A generalized peripheral neuropathy cannot be ruled out. The provider requested left carpal tunnel release, post-operative Zofran 8 mg # 10, post-operative Duracef 500 mg # 14, post-operative Norco 10/325 mg # 60 post-operative Sprix nasal spray 15.75 mg 40 units, five bottles and post-operative physical therapy two times a week for 4 weeks. On 12/23/2014 Utilization review non-certified the request for left carpal tunnel release surgery noting ACOEM recommends steroid injections into the wrist prior to seeking surgical intervention for carpal tunnel syndrome. "The surgery is non-certified. Therefore, all the related surgical requests are non-certified including Zofran, Duracef, Norco, Sprix and post-surgical physical therapy." MTUS and ACOEM were cited. On 01/06/2015 the injured worker submitted an application for IMR review of the left carpal tunnel release and associated post-operative requested as documented above.

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): 270, Table 11-7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-278.

Decision rationale: The medical records do not demonstrate adequate conservative measures for the treatment of CTS. There is no documentation of carpal tunnel injection. More conservative measures for CTS needed. MTUS criteria for CTS surgery not met. More conservative measures are needed.

Postoperative Zofran 8mg #10: 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.

Postoperative Duracef 500mg #14: 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.

Postoperative Norco 10/325mg #60: 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.

Postoperative Sprix nasal spray 15.75mg 40 units, five bottles: 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.

Postoperative physical therapy twice a week for four 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.