

Case Number:	CM15-0007852		
Date Assigned:	01/26/2015	Date of Injury:	02/19/2010
Decision Date:	03/30/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/15/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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:

The injured worker is a 42 year old female who sustained an industrial injury reported on 2/19/2010. She has reported carpal tunnel syndrome with increased pain in the wrists. The diagnoses have included de Quervains tenosynovitis; status-post right shoulder arthroscopy; and bilateral wrist tend. Treatments to date have included consultations; diagnostic imaging and electromyogram with nerve conduction studies; surgery (10/4/11); chiropractic treatments; injection therapy to the left dorsal 1st compartment with partial relief and left carpal tunnel injection with some improvement; braces; and medication management. The work status classification for this injured worker (IW) was noted to be modified work duty, temporarily on suspension. The PR-2 notes, dated 12/23/2014, are partially legible. The patient is noted to have undergone previous right carpal tunnel release. Electrodiagnostic studies from 3/2/14/ are stated to show moderate left carpal tunnel syndrome. The patient is noted to have worsening carpal tunnel symptoms and wrist pain over the last 6 months. Examination notes bilateral Tinel's signs and Finkelstein's test. Recommendation was made for left carpal tunnel release and left de Quervain's release. On 1/6/2015 Utilization Review (UR) non-certified, for medical necessity, the request made on 12/23/2014, for: left carpal tunnel release with possible flexor tenosynovectomy and/or median neurolysis; left de Quervains release with possible tenosynovectomy/tenolysis; pre-operative medical clearance evaluation; initial post-operative therapy of 2 x a week x 4 weeks (or 8 sessions); purchase of a continuous cold therapy unit; Fexmid 7.5mg, 1 pill twice a day, #60; and Sonata 10mg, 1 pill at bedtime, #30. The Official Disability Guidelines, forearm/wrist/hand chapter, de Quervains tenosynovitis surgery section,

and the Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, muscle relaxants for pain, were cited. UR documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel release with possible flexor tenosynovectomy and / or median neurolysis:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient is a 42 year old female with signs and symptoms of left carpal tunnel syndrome that is supported by electrodiagnostic studies and has failed conservative management of splinting, medical management and steroid injection. Her symptoms have progressed despite conservative management and thus left carpal tunnel surgery should be considered medically necessary. From page 270 ACOEM, Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest postsurgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Reason for UR denial is not clear.

Left de Quervain's release with possible tenosynovectomy/tenolysis: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand Chapter, de Quervain's Tenosynovitis Surgery Section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271, 272.

Decision rationale: The patient is a 42 year old female with signs and symptoms of de Quervain's tenosynovitis who has failed splinting, medical management and steroid injection. On the most recent evaluation, she is noted to have increased pain in the wrists and an examination consistent with de Quervain's tenosynovitis. This is documented to have occurred over a greater than 3 month process. Previous Steroid injection helped to confirm the diagnosis and provided temporary relief. From ACOEM page 271, The majority of patients with DeQuervain's syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. From 11-7, page 272 recommendation is made for splinting followed

by injection for conservative management. Thus, based on ACOEM, the patient has failed medical management and release should be considered medically necessary.

Pre-op medical clearance evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back pain, preoperative testing, general

Decision rationale: As the procedures were considered medically necessary, and general anesthesia may be performed, a preoperative medical clearance is consistent with ODG, preoperative testing as follows: An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. Thus, preoperative medical clearance should be considered medically necessary.

Initial post-operative therapy, two times per week for four weeks (2 x 4): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20 and 15.

Decision rationale: As the two procedures were considered medically necessary, postoperative therapy should be considered medically necessary based on the guidelines below. One half the number of visits should be allowable within the initial course of treatment. For carpal tunnel syndrome, that would be 3 to 5 visits and for de Quervain's that would be 7 visits. Not meant to be additive, but with the two procedures considered medically necessary, the requested 8 visits should be considered within the guidelines and should be considered medically necessary. There is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums shown below. Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks. *Postsurgical physical medicine treatment period: 3 months. Postsurgical treatment (open): 3-8 visits over 3-5 weeks. *Postsurgical physical medicine treatment period: 3 months. Extensor tenosynovectomy [DWC]: Postsurgical treatment: 14 visits over 3 months. *Postsurgical physical medicine treatment period: 6 months.

Associated surgical services: Continuous cold therapy unit (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG continuous cold therapy

Decision rationale: With the procedures considered medically necessary, the patient is a candidate for continuous cold therapy based on ODG guidelines. However, guidelines state a temporary treatment not to exceed 7 days for post-operative use: The time course of treatment was not specified and a purchase would tend to imply a greater than a 7 day treatment. Thus, purchase of a continuous cold therapy unit should not be considered medically necessary. From ODG, 'Postoperative use generally should not be more than 7 days, including home use.'

Fexmid 7.5mg, one (1) PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: The patient is a 42 year old female with two wrist procedures that were considered medically necessary. Based on chronic pain treatment guidelines, the use of cyclobenzaprine should be limited to a short course. The number requested is not consistent with this and thus should not be considered medically necessary. Recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief.

Sonata 10mg, one (1) PO QHS #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Insomnia treatment

Decision rationale: The patient is a 42 year old female with 2 wrist procedures considered medically necessary. It is unclear if the Sonata is for insomnia related to chronic pain or related to the planned procedures. However, based on ODG, Sonata is only recommended for a short course of treatment(7-10 days), after a careful evaluation of potential sleep disturbances. The number requested is not consistent with this. There has not been an evaluation of sleep disturbances and thus Sonata should not be considered medically necessary.