

Case Number:	CM15-0102583		
Date Assigned:	06/05/2015	Date of Injury:	12/13/2010
Decision Date:	08/18/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/28/2015

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: Oregon
 Certification(s)/Specialty: Plastic Surgery, Hand 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 55-year-old female who sustained an industrial injury on 12/13/10. Initial complaints and diagnoses are not available. Treatments to date include cervical and lumbar fusion, wrist bracing, and physical therapy. Diagnostic studies include electrodiagnostic studies. Current complaints include weak grips and problems dropping objects as well as progressive nighttime paresthesia. Other complaints include pain in both wrists, pain in the cervical and low back, bilateral shoulders, and left foot and ankle. Current diagnoses include bilateral shoulder impingent syndrome with tendinosis, bilateral carpal tunnel syndrome, and left ankle sprain/strain. In a progress note dated 03/25/13 the treating provider reports the plan of care as bilateral carpal tunnel release and related services. The requested treatments include bilateral carpal tunnel release, post-operative physical therapy, wrist splints, and Prevacid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lansoprazole (Prevacid) DR (delayed release) 30 mg Qty 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical relevance of clopidogrel-proton pump inhibitors interaction. Bouziana SD, Tziomalos K. World J Gastrointest Pharmacol Ther. 2015 May 6; 6(2): 17-21.

Decision rationale: The patient is taking NSAIDS. Prophylaxis with a proton-pump inhibitor is warranted to prevent gastric ulcerations. Peer literature supports prevention of gastric ulcers with prophylactic antacid treatment. Therefore, the request is medically necessary.

Bilateral Carpal Tunnel Release (with left side being done first, followed by right side):
Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel-Indications for Surgery, carpal tunnel release.

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

Decision rationale: The carpal tunnel release is medically necessary. According to the ACOEM guidelines, Chapter 11, page 270, "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 post-surgery 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." This patient has significant symptoms of carpal tunnel syndrome, an exam consistent with carpal tunnel syndrome and positive electrodiagnostic studies for median nerve compression. Per the ACOEM guidelines, carpal tunnel release is medically necessary.

Post operative Physical Therapy, 3 times wkly for 4 wks, 12 sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 270.

Decision rationale: MTUS allows 8 visits of therapy following carpal tunnel release. The surgeon is proposing bilateral staged carpal tunnel releases with postoperative therapy after each carpal tunnel release. Up to 16 visits are allowed (8/hand) and the request for 12 visits is consistent with the MTUS guidelines. Therefore, the request is medically necessary.

Wrist sling, Qty 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand-Splints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Curr Rev Musculoskelet Med. 2010 Jul 11; 3(1-4): 11-7. doi: 10.1007/s12178-010-9060-9. Does wrist immobilization following open carpal tunnel release improve functional outcome. A literature review. Isaac SM1, Okoro T, Danial I, Wildin C.

Decision rationale: ACOEM and ODG are quiet on use of slings. Peer literature does not support immobilization following carpal tunnel release. A sling is not required. According to a review by Isaac et al, "We conclude that there is no beneficial effect from post-operative immobilization after open carpal tunnel decompression when compared to early mobilization." Therefore, the request is not medically necessary.