

<b>Case Number:</b>	CM15-0108141		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	10/15/2012
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: Illinois, California, Texas

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:

This injured worker is a 51-year-old woman who sustained an industrial injury on 10/15/12. The mechanism of injury was not documented. Conservative treatment included anti-inflammatory medication, narcotic medication, activity modification, splint immobilization, and therapy. The 2/4/15 electro-diagnostic study impression documented evidence consistent with bilateral median mononeuropathies at the wrists that appeared moderate trending toward moderately severe in intensity. The 4/20/15 treating physician report cited continued bilateral wrist symptoms that had not improved over 2-½ years. She reported ulnar wrist pain and bilateral elbow pain. Symptoms had worsened over the past 6 months. She reported constant right hand numbness involving the thumb and index finger, and intermittent left sided numbness. Symptoms did not improve with rest or splinting and worsened with increased use and forceful grip. There was no triggering, catching, or locking. Medications included anti-inflammatory medications. Physical exam documented positive carpal tunnel compression and Phalen's, significant discomfort over the 1st dorsal compartment on the right, and positive Finkelstein's test. There was decreased thenar strength bilaterally, left ulnocarpal joint tenderness, and increased discomfort with ulnar deviation and triangular fibrocartilage complex (TFCC) loading. There was tenderness to palpation over the common extensor origin and painful resisted wrist extension bilaterally. The diagnosis was right moderate to severe carpal tunnel syndrome with constant numbness, left moderate to severe carpal tunnel syndrome, right deQuervain's tenosynovitis, left TFCC tear, ulnar positive variance, bilateral lateral epicondylitis, and right shoulder impingement shoulder. The treating physician report indicated that multiple injections had been performed with

temporary relief of symptoms. An injection was performed into the right common extensor origin. The treatment plan included left carpal tunnel release, left wrist arthroscopy with debridement, and left elbow injection following a right wrist surgery. Authorization was requested for right carpal tunnel release, right elbow injection (under anesthesia), and right deQuervain's release, post-operative occupational therapy 2 x 4, post-operative custom splinting, 2 Covidien compression wraps, and Norco 10/325 mg with one refill. The 5/6/15 utilization review modified the request for right carpal tunnel release, right elbow injection, and right deQuervain's release to include right carpal tunnel and deQuervain's release with 8 visits of occupational therapy. The request for right elbow injection was non-certified as records indicated that the injured worker had previously received a right lateral epicondylitis injection with recurrent symptoms. The request for post-operative custom splinting of the right wrist was non-certified as splinting after surgery had negative evidence and was not supported following carpal tunnel release. The request for Covidien compression wraps x 2 was non-certified as there was no indication that the injured worker was at high risk for venous thrombosis to support the need for a post-operative compression unit. The request for post-operative use of Norco 10/325 mg with one refill was modified to generic Norco 10/325 mg x 1 month supply with no refill for post-operative pain management.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right carpal tunnel release, right elbow injection, and right DeQuervains release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 22-24, 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, Carpal Tunnel Syndrome, de Quervian's tenosynovitis surgery.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 23-24, 270.

**Decision rationale:** The California MTUS guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. MTUS guidelines state that 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. The MTUS guidelines indicate that corticosteroid injections reduce lateral epicondylar pain but the recurrence rate is high. On the other hand, pain at the time of recurrence is generally not as severe. Thus, despite the problems with recurrence, there is support for utilizing corticosteroid injections in select cases to help decrease overall pain problems during the disorders natural recovery or improvement phase. Guideline criteria have been met for the requested right carpal tunnel release and right deQuervain's release and these procedures were certified in the 5/6/15 utilization review. However, there is no support for additional corticosteroid injections into the right lateral epicondyle in the absence of documented reduction in pain for any sustained period with prior injections. There are noted complaints of worsening

elbow symptoms despite multiple prior injections. A repeat injection was again performed at the time of the surgical request without documentation of benefit. The medical necessity of an intra-operative injection is not established. Therefore, this request is not medically necessary.

**Post-operative custom splinting:** Overturned

**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 Syndrome.

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

**Decision rationale:** The California MTUS guidelines generally support the use of splinting for patients with deQuervain's syndrome and carpal tunnel syndrome, but recommend against prolonged post-operative splinting. Guideline criteria have been met. This injured worker is undergoing both a carpal tunnel and deQuervain's release, and has concomitant lateral epicondylitis. The use of a custom splint for the right wrist in the post-operative period is reasonable for pain control and activity modification. Therefore, this request is medically necessary.

**2 Covidlen compression wraps:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG0, Shoulder, Knee and Leg, Cold compression therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Compression garments.

**Decision rationale:** The California MTUS guidelines are silent with regard to deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines (ODG) does not generally recommend compression garments in the shoulder. It is recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. Guideline criteria have not been met. There is no evidence of identified coagulopathic risk factors for this injured worker in the submitted records. Therefore, this request is not medically necessary.

**Norco 10/325mg with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids, Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91. Decision based on Non-MTUS Citation DEA SUBCHAPTER I CONTROL AND ENFORCEMENT. Part C Registration of Manufacturers, Distributors, and Dispensers of Controlled Substances. 829. Prescriptions.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines support the use of opioids on a short term basis for post-operative pain. Guidelines recommend Norco for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Short-acting opioids, also known as normal-release or immediate-release opioids, are seen as an effective method in controlling both acute and chronic pain. According to new DEA requirements, no prescription for a controlled substance in schedule II, which includes hydrocodone (Norco), may be refilled. The post-operative use of Norco would be consistent with guidelines. However, the 5/6/15 utilization review modified this request to a one month supply of Norco 10/325 mg without refill. There is no compelling rationale to support the medical necessity of additional certification of Norco at this time. Therefore, this request is not medically necessary.