

Case Number:	CM15-0012572		
Date Assigned:	01/30/2015	Date of Injury:	06/03/2010
Decision Date:	04/24/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/22/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 38-year-old female who reported an injury on 06/03/2010. The mechanism of injury was not specifically stated. The current diagnoses include status post left first dorsal compartment release, status post right first dorsal compartment release, and status post right carpal tunnel release. The injured worker presented on 09/18/2014 for a follow-up orthopedic evaluation. There was no comprehensive physical examination provided. The physician indicated that the physical examination remained unchanged. The injured worker presented with complaints of shooting pain radiating from the right long finger to the right wrist, loss of sensation in the upper right palm and numbness of the right index, long and ring fingers. Recommendations at that time included surgical intervention to include neuroplasty of the median nerve at the carpal tunnel, flexor tenosynovectomy, neuroplasty, internal neurolysis, advancement tissue rearrangement, and injection of an anesthetic. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketorolac (Sprix) tab, #30 with 1 refill: 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.

Ondansetron ODT (Zofran) 4mg, #30 with 1 refill: 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.

Cephalexin (Keflex) 500mg, #30 with 0 refills: 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.

Tenosynovectomy: Upheld

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, Hand & Wrist Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Tenolysis.

Decision rationale: The Official Disability Guidelines recommend a tenolysis as indicated. Patients must have good strength in flexor and extensor muscles of the hand and must have intact nerves to flexor muscles. Patients must also be willing to commit to a rigorous course of physical therapy. In this case, there was neither objective examination evidence nor electrodiagnostic evidence of a significant abnormality to support the necessity for a tenolysis. There is no documentation of a recent attempt at any conservative management. Additionally, the request as submitted failed to indicate a specific body part to be treated. Given the above, the request is not medically appropriate.

Neuroplasty Nerve Hand CDN-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 (ODG), Forearm, Hand & Wrist Chapter, as well as the website www.wholessonline.com/ortho/nerve_repair.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, failed to respond to conservative management including work site modification, and have clear clinical and special study evidence of a lesion. In this case, there is no objective evidence of a significant functional deficit upon examination. There is also no documentation of a recent attempt at any conservative management prior to the request for a complex surgical procedure. In addition, the request as submitted failed to indicate the specific body part to be treated. Given the above, the request is not medically appropriate.

Neuroplasty Nerve Hand CDN-3: Upheld

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, Hand & Wrist Chapter, as well as the website www.wholessonline.com/ortho/nerve_repair.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, failed to respond to conservative management including work site modification, and have clear clinical and special study evidence of a lesion. In this case, there is no objective evidence of a significant functional deficit upon examination. There is also no documentation of a recent attempt at any conservative management prior to the request for a complex surgical procedure. In addition, the request as submitted failed to indicate the specific body part to be treated. Given the above, the request is not medically appropriate.

Neurorrhaphy of One Single Nerve of the Hand: Upheld

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, Hand & Wrist Chapter, as well as the website www.wholessonline.com/ortho/nerve_repair.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, failed to respond to conservative management including work site modification, and have clear clinical and special study evidence of a lesion. In this case, there is no objective evidence of a significant functional deficit upon examination. There is also no documentation of a recent attempt at any conservative management prior to the request for a complex surgical procedure. In addition, the request as submitted failed to indicate the specific body part to be treated. Given the above, the request is not medically appropriate.

Neurorrhaphy of Each Additional Nerve of the Hand: Upheld

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, Hand & Wrist Chapter, as well as the website www.wholessonline.com/ortho/nerve_repair.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, failed to respond to conservative management including work site modification, and have clear clinical and special study evidence of a lesion. In this case, there is no objective evidence of a significant functional deficit upon examination. There is also no documentation of a recent attempt at any conservative management prior to the request for a complex surgical procedure. In addition, the request as submitted failed to indicate the specific body part to be treated. Given the above, the request is not medically appropriate.

Neuroplasty Median Nerve Carpal Tunnel Wrist Flexor: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Hand & Wrist Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, failed to respond to conservative management including work site modification, and have clear clinical and special study evidence of a lesion. In this case, there is no objective evidence of a significant functional deficit upon examination. There is also no documentation of a recent attempt at any conservative management prior to the request for a complex surgical procedure. In addition, the request as submitted failed to indicate the specific body part to be treated. Given the above, the request is not medically appropriate.

DVT Device: 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.

TENS Device: 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.

CPM Device (for the finger, for 30-days): 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.