

Case Number:	CM15-0133757		
Date Assigned:	07/21/2015	Date of Injury:	11/04/2013
Decision Date:	08/19/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/10/2015

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 37-year-old female who sustained an industrial injury on 11/04/13. Injury was reported relative to the repetitive work activities. She reported an onset of volar wrist pain associated with repetitive opening and closing of doors and using large keys. Conservative treatment included anti-inflammatory medications, bracing, activity modification, work restrictions, and physical therapy. The initial hand surgery evaluation on 4/2/14 noted bilateral thumb, index and long finger numbness and tingling frequently during the day, and waking her up several times at night despite splinting. Stretching and shaking the hands was the only thing that relieved the numbness and tingling. Symptoms were aggravated by data entry, pushing, pulling, grasping, lifting, manipulating, and repetitive use of the wrist. The right wrist exam was positive for carpal tunnel syndrome. The left wrist exam documented mild Tinel's over the median nerve at the carpal tunnel, positive flexion-compression test, 5 mm two-point discrimination to the radial and ulnar aspects of the digits bilaterally, and 4.5/5 weakness over both thumbs and the abductor pollicis brevis bilaterally. The diagnosis was bilateral moderate chronic carpal tunnel syndrome. The 5/13/14 upper extremity electro diagnostic study documented median nerve compromise on the right. There was no electro physiologic evidence of an isolated median nerve compromise at or near the carpal tunnel on the left. The injured worker underwent right carpal tunnel release on 1/27/15. The 2/3/15 treating physician report indicated the injured worker was recovering well from the right carpal tunnel release. Left hand numbness and tingling and symptoms persisted unchanged from the 4/2/14 report. A request for left carpal tunnel release was submitted. The 5/22/15 treating physician appeal report indicated

that the injured worker was doing well status post right carpal tunnel release. A left carpal tunnel release was recommended but had been denied. A steroid injection was provided to the left carpal tunnel on 4/8/15 with excellent relief of numbness and tingling, followed by return of symptoms. A carpal tunnel release would have been recommended given the excellent response on the right side. However, given the fact that the steroid injection shrunk the flexor tenosynovium and given the fact that she does not have positive electro diagnostic for left median nerve entrapment at the carpal tunnel, she was diagnosed with flexor tenosynovitis of the left wrist. The injured worker experienced nausea and vomiting with the use of Keflex following right carpal tunnel release, and a different antibiotic would be indicated this time. Authorization was requested for left wrist tenosynovectomy and post-operative medications: Zithromax A-Pak 250 mg #6 and Norco 5/325 mg #60. The 6/15/15 utilization review non-certified the request for left wrist tenosynovectomy as there was no evidence that routine flexor tenosynovectomy offers benefit compared with sectioning of the transverse carpal ligament alone for the treatment of idiopathic carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist tenosynovectomy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Bone Joint Surg Am, 2002 Feb; 84-A(2): 221-5. The role of flexor tenosynovectomy in the operative treat of carpal tunnel syndrome; Shum C, Parisien M, Strauch RJ, Rosenwasser MP. Source New York Presbyterian Hospital, Columbia-Presbyterian Medical Center, New York, NY 10032-3784, USA, last updated 02/01/2002.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand: de Quervain's tenosynovitis surgery.

Decision rationale: The California 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 Official Disability Guidelines recommend deQuervain's tenosynovitis surgery as an option if there are consistent signs and symptoms and the patient fails 3 months of conservative care with splinting and injection. Surgical treatment of deQuervain's tenosynovitis or hand/wrist tendinitis/tenosynovitis without a trial of conservative treatment, including work evaluation, is generally not indicated. Guideline criteria have been met. This injured worker presents with persistent left hand pain, numbness and tingling. A diagnostic injection test was positive for flexor tenosynovitis. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Norco 5mg-325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271, Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of opioids on a short term basis for wrist/hand 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. Guideline criteria have been met for the post-operative use of Norco. Therefore, this request is medically necessary.

Zithromax A-Pak 250mg #6: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm. 2013 Feb 1; 70(3): 195-283.

Decision rationale: The California MTUS does not provide guidance for post-operative antibiotics. The National Guideline Clearinghouse was searched. Clinical practice guidelines state that antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials. The requested surgery meets guideline criteria for post-operative antibiotic use. Guidelines generally recommend the use of Keflex in the post-operative period. However, this injured worker demonstrated an adverse reaction to Keflex following her recent right carpal tunnel release. Therefore a change in antibiotic is indicated. Therefore, this request is medically necessary.