

Case Number:	CM15-0135304		
Date Assigned:	07/23/2015	Date of Injury:	12/24/2012
Decision Date:	08/25/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/13/2015

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, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 49 year old female patient who sustained an industrial injury on 12/24/2012. The accident was described as while working she was walking and slipped on a metal grate twisting her left knee behind her and started falling, but reached out grabbing with her right hand onto a chain link fence catching herself. She had immediate right thumb area pains, which progressed with time to involving the left knee. The treating diagnoses back on 11/20/2014 were: chronic pain syndrome right knee, and right carpal tunnel syndrome. She was to return to a modified work duty on 11/20/2014. A consultation dated 12/09/2014 reported chief subjective complaint of right thumb, index, long finger tingling and numbness. Current medications were: Tylenol, Protonix, and Hydrocodone/APAP. The patient did undergo electronic nerve conduction study on 12/23/2014, which revealed significant evidence consistent with moderate median nerve compression at the right wrist consistent with right wrist carpal tunnel syndrome, and significant evidence of moderate median nerve compression about the left carpal canal. A steroid injection was planned for administration. A recent hand specialist follow up visit dated 02/17/2015 reported the patient receiving a Steroid injection treating the right carpal tunnel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Cipro 500mg Qty 10: 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 Official Disability Guidelines (ODG) Carpal Tunnel syndrome, Carpal Tunnel Release Surgery and Other Medical Treatment Guidelines UpToDate, Carpal Tunnel Surgery.

Decision rationale: MTUS is silent on Carpal Tunnel syndrome Release surgery. The complications of this procedure is low and the risk of infection is very low. Neither the ODG nor most standard recommendations endorse the use post-operative antibiotics. As such the request for associated surgical service: Cipro 500mg Qty 10 is not medically necessary.

Associated surgical service: Post-op physical/occupational therapy Qty 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-278, Chronic Pain Treatment Guidelines Occupational Therapy and Physical Medicine Page(s): 74, 98-99, Postsurgical Treatment Guidelines Page(s): 15-16. Decision based on Non-MTUS Citation MD Guidelines, Carpal Tunnel Syndrome.

Decision rationale: MTUS Postsurgical Treatment Guidelines for Carpal Tunnel Syndrome cite "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" MTUS continues to specify maximum of "3-8 visits over 3-5 weeks". MD Guidelines similarly report the frequency of rehabilitative visits for carpal tunnel (with or without surgical treatment) should be limited to a maximum of 3-5 visits within 6-8 weeks." The previous UR modified the request for 8 visits which is appropriate. The request here is for 10 session which is in excess of the guidelines. As such, the request for Associated surgical service: Post-op physical/occupational Therapy Qty: 10 is not medically necessary.