

Case Number:	CM15-0208537		
Date Assigned:	10/27/2015	Date of Injury:	07/15/2015
Decision Date:	12/17/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/22/2015

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, Hand 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 46 year old male, who sustained an industrial-work injury on 7-15-15. A review of the medical records indicates that the injured worker is undergoing treatment for severe bilateral carpal tunnel syndrome. Treatment to date has included diagnostics, off work, and other modalities. The EMG-NCV (electromyography and nerve conduction velocity) testing was performed on 8-6-15 of the bilateral upper extremities reveals bilateral median compressions across the wrists (carpal tunnel syndrome) severe on the right and left. Medical records dated 10-1-15 indicate that the injured worker complains of bilateral hand pain, numbness and tingling and dropping items held in the hands. He has nocturnal pain and pain awakens him at night. He notes pins and needles sensation in the hands. Per the treating physician report dated 10-1-15, the injured worker has not returned to work. The physical exam reveals that there is visible thenar atrophy, right worse than the left. There is positive Katz diagram bilaterally. The 2-point discrimination is greater than 12 millimeters. He has 4 out of 5 weaknesses to resisted thumb abduction and opposition. There is positive Tinel's, positive Phalen's, positive median nerve compression test and positive Flick sign bilaterally. The physician recommended surgical intervention, post-operative wrist splinting and post-operative pain medication. The request for authorization date was 10-7-15 and requested services included Post-Op Splint Right Wrist, QTY: 1 and Post-op Medication Percocet 10-325mg APAP, QTY: 60. The original Utilization review dated 10-19-15 non-certified the request for Post-Op Splint Right Wrist, QTY: 1 and modified the request for Post-op Medication Percocet 10-325mg APAP, QTY: 60 modified to Post-op Medication Percocet 10-325mg APAP, QTY: 40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Splint Right Wrist, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Muscle Nerve. 2007 Oct;36(4):528-31. Postoperative splinting after open carpal tunnel release does not improve functional and neurological outcome. Huemer GM1, Koller M, Pachinger T, Dunst KM, Schwarz B, Hintringer T. Green's Operative Hand Surgery, 6th ed. Chapter 30, Compression Neuropathies.

Decision rationale: This is a request for splints to be used after carpal tunnel release surgery. The California MTUS notes that, "two prospective randomized studies show no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. In fact, splinting the wrist beyond 48 hours following carpal tunnel release may be largely detrimental, especially compared to a home therapy program (page 270)." The specialty text referenced notes on page 990 that due to advancing knowledge of the importance of postoperative tendon and nerve gliding, postoperative immobilization has been dramatically decreased after carpal tunnel surgery. Therefore, the requested post-operative splints are not medically necessary.

Post-op Medication Percocet 10/325mg APAP, QTY: 60: 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 J Hand Surg Am. 2012 Apr;37(4):645-50. doi: 10.1016/j.jhsa.2012.01.035. Epub 2012 Mar 10. Opioid consumption following outpatient upper extremity surgery. Rodgers J1, Cunningham K, Fitzgerald K, Finnerty E. 1Des Moines Orthopaedic Surgeons, P.C., West Des Moines, IA 50265, USA. jrodgers@dmos.com.

Decision rationale: This is a request for 60 10-mg Percocet tablets for use following carpal tunnel release surgery. Percocet is a DEA schedule II narcotic with, "high potential for abuse which may lead to severe psychological or physical dependence." The 10 mg tablet is the largest manufactured tablet. Use of narcotics to manage post-operative pain is reasonable, but the requested 60 10-milligram tablets is excessive. The amount of narcotic appropriately prescribed following such surgery is beyond the scope of the California MTUS guidelines, but was evaluated in the peer reviewed study referenced which noted, "our data show that excess opioid analgesics are made available after elective upper extremity surgery and could potentially become a source for diversion. A prescription of 30 opioid pills for outpatient surgery appears excessive and unnecessary, especially for soft tissue procedures of the hand and wrist." Therefore, this request for 60 tablets is not medically necessary.

