

Case Number:	CM15-0209865		
Date Assigned:	10/28/2015	Date of Injury:	04/03/2010
Decision Date:	12/10/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/26/2015

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, Indiana, Oregon
 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:

The injured worker is a 55 year old female who sustained an industrial injury on 4-3-2010. A review of medical records indicates the injured worker is being treated for carpal tunnel syndrome, symptomatic, bilateral wrist and right carpal tunnel syndrome moderate chronic. Medical records dated 9-23-2015 noted numbness and tingling to bilateral index long, ring, and little fingers. She experienced symptoms on her right hand more than the left. She also experiences sharp shooting pain that originates at the right palm and radiate proximally to the mid forearm. Pain was rated an 8 out of 10. Physical examination noted carpal tunnel to the right and the left. There were limitations with range of motion. Treatment has included Cyclobenzaprine and Naproxen. Needle electromyography done with nerve conduction revealed severe right carpal tunnel syndrome and minimal left carpal tunnel syndrome. Utilization review form dated 10-13-2015 noncertified right carpal tunnel release, postop physical therapy, Norco 5-325mg #40, and Keflex 500mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Carpal Tunnel Syndrome.

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.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. The Official Disability Guidelines were also referenced for more specific recommendations. According to the Official Disability Guidelines regarding surgery for carpal tunnel syndrome, recommended after an accurate diagnosis of moderate or severe CTS. Surgery is not generally initially indicated for mild CTS unless symptoms persist after conservative treatment. Severe CTS requires all of the following: Muscle atrophy, severe weakness of thenar muscles, 2-point discrimination test greater than 6 mm and positive electrodiagnostic testing. Not severe CTS requires all the following: Symptoms of pain, numbness, paresthesia, impaired dexterity requiring two of the following: Abnormal Katz hand diagram scores, nocturnal symptoms, Flick sign (shaking hand); findings by physical exam, requiring two of the following including compression test, Semmes-Weinstein monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, mild thenar weakness, (thumb adduction); comorbidities of no current pregnancy; initial conservative treatment requiring three of the following: Activity modification greater than or equal to one month, night wrist splint greater than or equal to one month, nonprescription analgesia (i.e. acetaminophen), home exercise training (provided by physician, healthcare provider or therapist) or successful initial outcome from corticosteroid injection trial (optional) and positive electrodiagnostic testing. In this case there is insufficient evidence of carpal tunnel syndrome and failure of conservative management as stated above. There is insufficient evidence of abnormal hand diagram scores, nocturnal symptoms, decreased two point discrimination or thenar weakness to warrant surgery. Therefore the request is not medically necessary.

Post Op Therapy 2x 4-5 weeks: 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.

Norco 5/325mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. In this case, there is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity due to medications. Therefore the request is not medically necessary.

Keflex 500mg #20: 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) Treatment Index, 11th Edition (web), 2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Stulberg DL, Penrod MA, Blatny RA. Common bacterial skin infections. Am Fam, Physician. 2002 Jul 1; 66(1):119-24.

Decision rationale: CA MTUS/ACOEM and ODG are silent on the issue of antibiotic use. An alternative guideline was utilized. According to the American Family Physician Journal, 2002 July 1; 66 (1): 119, 125, titled "Common Bacterial Skin Infections", Antibiotics are used to treat skin infections and minor wound infections. It was found from a review of the medical record submitted of no evidence of a wound infection to warrant antibiotic prophylaxis. The requested antibiotic is therefore not medically necessary and appropriate