

Case Number:	CM15-0025491		
Date Assigned:	02/18/2015	Date of Injury:	07/27/2007
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/10/2015

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: California

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 62 year old who sustained an industrial injury on 07/27/2007. Diagnoses include moderate-severe carpal tunnel syndrome, right thumb basilar joint arthritis and recurrent right de Quevain's tenosynovitis, status post previous release. Treatment to date has included injections, occupational therapy, bracing, and medications. A physician progress note dated 12/12/2014 documents the injured worker has constant ache to the radial wrist, and swelling to the base of the thumb. She has intermittent numbness and tingling. She states her symptoms have worsened overall. On examination a carpal tunnel compression test reproduces numbness. A Phalen's test reproduced numbness. There is associated forearm pain. The first dorsal compartment is tender. A Finkelstein's test reproduces pain along the first dorsal compartment. Her thumb basilar joint is swollen. A grind test is painful. Treatment requested is for Eight (8) sessions of occupational therapy, One (1) custom post-operation splint, One (1) prescription of Norco 10/325mg #45 with 1 refill, and One (1) right thumb LRTI tendon transfer graft and carpal tunnel release. On 01/27/2015 Utilization Review non-certified the request for right thumb LRTI tendon transfer graft and carpal tunnel release, and cited was ACOEM and Official Disability Guidelines. The request for custom post-operation splint is non-certified and cited was Official Disability Guidelines. The request for (8) sessions of occupational therapy was non-certified and cited was ACOEM Guidelines. The request for prescription of Norco 10/325mg #45 with 1 refill was non-certified and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) right thumb LRTI tendon transfer graft and capal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel release surgery (CTR).

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to evaluate 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. In this case there is lack of evidence in the records from 12/12/14 of failed bracing or injections in the records to support the LRTI or carpal tunnel release. Therefore, the determination is for non-certification.

One (1) custom post-operation splint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 270.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, DME.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Eight (8) sessions of occupational therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

One (1) prescription of Norco 10/325mg #45 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 80.

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. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 12/12/14. Therefore, the determination is for non-certification.