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| Case Number: | CM15-0028442 | | |
| Date Assigned: | 02/20/2015 | Date of Injury: | 03/08/2007 |
| Decision Date: | 04/08/2015 | UR Denial Date: | 02/05/2015 |
| Priority: | Standard | Application Received: | 02/16/2015 |

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: Minnesota, Florida

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 52 year old female who sustained an industrial injury on 3/8/07. The injured worker reported symptoms in the bilateral wrists, neck, back and left knee. The diagnoses included lumbago, lumbar degenerative disc disease, right carpal tunnel syndrome, right de Quervain's disease, cervical radiculopathy and left carpal tunnel syndrome. There is history of neck pain radiating down both shoulders, arms and hands. There is associated numbness and tingling in all fingers of both hands. EMG and nerve conduction study dated 11/11/2014 revealed evidence of an acute bilateral C5 and C6 cervical radiculopathy. However, there was no evidence of peripheral neuropathy or entrapment neuropathy in both arms. In particular, there was no evidence of carpal tunnel syndrome. Treatments to date include oral pain medication and activity modification. In a progress note dated 1/20/15 the treating provider reports the injured worker was with "low back pain, left wrist pain and left knee pain." On 2/5/15 Utilization Review non-certified the request for a left carpal tunnel release and urine toxicology screen. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Carpal 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 ODG Carpal Tunnel Chapter.

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

Decision rationale: The injured worker is a 52-year-old right-hand-dominant female with a history of neck pain radiating down both shoulders, arms and hands. There is associated numbness and tingling in all fingers of both hands. Nerve conduction study dated 11/11/2014 revealed evidence of an acute bilateral C5 and C6 cervical radiculopathy. However, there was no evidence of peripheral neuropathy or entrapment neuropathy in both arms. In particular, there was no evidence of carpal tunnel syndrome. California MTUS guidelines indicate surgical decompression of the median nerve usually relieves carpal tunnel syndrome symptoms. Carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction studies before surgery is undertaken. The nerve conduction studies are negative. Furthermore, non-operative treatment with trial/failure has not been documented. Therefore the request for a left carpal tunnel release is not supported and as such, the medical necessity has not been substantiated.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 94.

Decision rationale: With regard to drug screening for opioids, the monitoring of the outcomes should affect the therapeutic decisions and provide a framework for documentation of clinical use of these controlled drugs. Drug screening is used with issues of abuse, addiction, or poor pain control. The documentation indicates that drug screening was used in the past. However, the outcomes have not affected the therapeutic decisions. Documentation with regard to possible issues of abuse, addiction, or poor pain control have not been submitted. Chronic pain guidelines recommend steps to avoid misuse/addiction of opioids for those at high risk of abuse. The documentation submitted does not indicate a high risk of abuse and as such, frequent random urine toxicology screens are not necessary. In the absence of supporting documentation, the request for frequent urine drug screens is not supported and the medical necessity is not established.