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| Case Number: | CM15-0216579 | | |
| Date Assigned: | 11/06/2015 | Date of Injury: | 01/27/2014 |
| Decision Date: | 12/18/2015 | UR Denial Date: | 10/28/2015 |
| Priority: | Standard | Application Received: | 11/03/2015 |

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: Illinois, California, Texas
 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:

This injured worker is a 29-year-old female who sustained an industrial injury on 1/27/14. The mechanism of injury was not documented. The 6/4/15 EMG/NCV study impression documented mild compressive neuropathy of the right median nerve at the wrist, compatible with carpal tunnel syndrome. The left sided was normal. The ulnar nerve was normal bilaterally. There was no sign of cervical motor radiculopathy. Conservative treatment included bracing, anti-inflammatory medications, Vitamin B6, and steroid injection of the right carpal canal with short-term symptom relief. She underwent right open carpal tunnel release on 7/27/15. The 10/15/15 treating physician report indicated that at the time of the last exam on 9/17/14, she had minimal to nonexistent symptoms on the left and pretty much resolution of the right hand symptoms. She had returned to work without restriction and presented complaining of increasing pain, numbness and tingling of the hands, and pain at the dorsum of her forearms at the extensor muscle mass near the elbow. Physical exam documented nicely healed right palmar incision without tenderness. She could make a full composite fist and had good sensation in the tips of the digits. Tinel's was negative on the right and positive on the left. There was some bilateral thumb abduction and opposition weakness. The diagnosis was bilateral carpal tunnel release. Given the increased symptoms on the left, carpal tunnel release was recommended. Work restrictions were outlined. Authorization was requested for open left carpal tunnel release and Norco 10/325 mg #60. The 10/28/15 utilization review non-certified the request for left open carpal tunnel release (CTR) as there was no diagnostic of carpal tunnel syndrome, absence of sensation or neurologic deficits in the median nerve distribution, or evidence of a positive injection test. The request for Norco 10/325 mg #60 (prescribed 10/15/15) was non-certified as the associated surgery was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open carpal tunnel release (CTR) left: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter: Carpal tunnel release surgery (CTR).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The California MTUS guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. Guideline criteria have not been met. This injured worker presents with a current flare of left wrist pain, numbness and tingling following return to work full duty after her recent right carpal tunnel release. Left wrist exam findings were limited to a positive Tinel's test. Electrodiagnostic testing was reported as normal on the left side. There is no evidence of a positive diagnostic injection test. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for this reported flare-up and failure has not been submitted. Therefore, this request is not medically necessary.

Norco 10/325mg #60 (Prescribed 10/15/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

Decision rationale: This request for Norco 10/325 mg #60 appears to be for post-operative pain management. There is no evidence that the injured worker was currently taking this medication. As the surgical request is not supported, this request is not medically necessary.