

Case Number:	CM15-0034282		
Date Assigned:	04/02/2015	Date of Injury:	06/14/2010
Decision Date:	10/19/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/24/2015

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 (IW) is a 53-year-old female who sustained an industrial injury on 06/14/2010. Diagnoses include musculoligamentous sprain, cervical spine; degenerative disc endplate facet change with thecal sac narrowing and foraminal narrowing at multiple levels; rule out double crush syndrome; status post anterior cervical decompression and fusion (C3 through C7 with hardware removal C4 through C7); bilateral carpal tunnel syndrome; left ulnar neuropathy and overuse syndrome, bilateral upper extremities. Treatment to date has included medications, physical therapy, cervical spine fusion, hand surgery, injections, acupuncture and TENS. Diagnostics performed to date included x-rays, CT scans, MRIs and electrodiagnostic studies. According to the progress report dated 11/18/14, the IW reported pain and discomfort in the cervical spine with occasional headaches; the pain radiates to the bilateral shoulders. She also had complaints of burning/stabbing pain in the left forearm, wrist, hand and fingers. Physical therapy, acupuncture and injections were not helpful. A request was made for left Guyan's canal release of ulnar nerve at left wrist (outpatient within MPN), left carpal tunnel release (outpatient within MPN), trigger finger release of the left long, ring and middle fingers (outpatient within MPN), Motrin 600mg, Neurontin 300mg, Pro-Tech multi-stim unit (30 day rental), continuous cold therapy (7 day rental) and pre-operative clearance with an MPN internist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Guyan's canal release of ulnar nerve at left wrist outpatient within MPN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 255, 270.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist.

Decision rationale: CA MTUS/ACOEM is silent on surgery for Guyon canal release. ODG forearm is referenced. Release can be recommended for symptoms persisting after 6 months of conservative care. Conservative care is recommended as OT, splinting, NSAIDs and activity modification. In this case, the records do not demonstrate conservative care aligned with the recommendations. The request is not medically necessary.

Left carpal tunnel release outpatient within MPN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 271. Decision based on Non-MTUS Citation ODG- Carpal tunnel surgery.

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 evaluation for carpal tunnel and stratifies 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 has been an injection with no relief (a poor prognostic factor for surgery) and EMG evidence of compression of involved cervical nerve roots at the spine level. Based on this, the request is not medically necessary.

Trigger finger release of the left ring and little finger outpatient within MPN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Trigger finger surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

Decision rationale: CAMTUS/ACOEM hand complaints, page 271 recommends failure of 2 injections prior to surgery on trigger finger (stenosing tenosynovitis). Per ODG surgery is recommended if symptoms persist after steroid injection. In this case the triggering has not been treated with corticosteroid. Therefore the request is not medically necessary.

Motrin 600 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 66.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Motrin is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case the continued use of Motrin is not warranted, as there is no demonstration of functional improvement and the injury is no longer acute. Therefore the request is not medically necessary.

Neurontin 300mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Page(s): 18.

Decision rationale: Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, Neurontin is indicated for diabetic painful neuropathy and postherpetic neuralgia and is considered first line treatment for neuropathic pain. In this case, the exam note does not demonstrate evidence neuropathic pain or demonstrate percentage of relief, the duration of relief, increase in function or increased activity. Therefore medical necessity has not been established

Pro-Tech multi-stim unit 30 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Page(s): 118.

Decision rationale: Regarding the Interferential Current Stimulation (ICS), the California MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation, pages 118-119 states; "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues." In this case the request is for a treatment not recommended. Therefore the request is not medically necessary.

Continuous cold therapy 7 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Preoperative clearance with a MPN internist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.