

Case Number:	CM15-0043211		
Date Assigned:	03/13/2015	Date of Injury:	05/13/2014
Decision Date:	04/20/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/09/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 53 year old female who sustained an industrial injury on 05/13/2014. Current diagnosis includes bilateral carpal tunnel syndrome. Previous treatments included medication management and acupuncture. Current diagnostic studies included EMG/NCS on 05/13/2014. Report dated 01/30/2015 noted that the injured worker presented with complaints that included numbness and tingling in both hands and decreased grip strength. Physical examination was positive for abnormal findings. The treatment plan included recommended staged left and right carpal tunnel and follow up in 4 weeks. Request for authorization included Tylenol #3 and post-operative physical therapy 3 x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 3 quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Overall Classification; Codeine; Opioids, specific drug list Page(s): 74; 35; 92.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: The patient is a 53 year old female who was certified for carpal tunnel release surgery. Narcotics for acute pain control should be considered medically necessary. The following is stated on page 15 for post-surgical treatment guidelines: Carpal tunnel syndrome should not result in extended time off work while undergoing multiple therapy visits, when other options (including surgery for carefully selected patients) could result in faster return to work. Furthermore, carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery. Therefore, as carpal tunnel surgery is a relatively simple operation and should not require extended recovery, the pain medication requirements should not be extensive. The modification applied by the UR appears reasonable. Therefore, the request Tylenol No. 3, quantity 60 should not be considered medically necessary. This can be re-evaluated in the post-operative course, if the patient's pain is not well-controlled or extends beyond expected patterns.

Physical Therapy quantity 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

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

Decision rationale: The patient was certified for carpal tunnel release and post-operative physical therapy should be considered medically necessary based on the following guidelines: Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months. Postsurgical treatment (open): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months. Therefore, 12 visits would exceed the guidelines and should not be considered medically necessary.