

<b>Case Number:</b>	CM15-0046170		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	05/04/2012
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 29-year-old female who reported an injury on 05/04/2012. The mechanism of injury was not provided. The documentation indicated the injured worker was approved for a right medial and lateral epicondyle debridement, extensor carpi radialis brevis release, and first dorsal compartment release with postoperative physical therapy and preoperative clearance and lab work on 11/19/2014. The documentation indicated the mechanism of injury was cumulative trauma. The examination of 02/16/2015 revealed the injured worker was utilizing ibuprofen and needed a new prescription. The injured worker was not attending therapy. There was tenderness and shooting pain in the bilateral elbows that had increased. Right wrist pain had increased and there was associated stiffness and weakness. Right thumb pain had increased with a sharp pain. Objective findings revealed positive Tinel's testing, bilateral wrists. The diagnoses included overuse syndrome bilateral upper extremities, carpal tunnel syndrome bilaterally, and De Quervain's tendinitis bilaterally. The treatment plan included a right carpal tunnel syndrome and De Quervain's release, preoperative chest x-ray and labs, postsurgical medications (including Tylenol with codeine), and a continuation of ibuprofen 800 mg #90 with 1 at 3 times a day with 5 refills. The documentation of 01/19/2015 revealed the injured worker had a positive Finkelstein's and Tinel's testing in the bilateral wrists. The treatment plan included a carpal tunnel release and De Quervain's release, and a continuation of ibuprofen 800 mg. Additionally, the request was made for a preoperative chest x-ray and labs and postsurgery medicines, including Tylenol with codeine No. 3, quantity 30. There was no Request for Authorization submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Right Carpal Tunnel Syndrome and De Quervain's 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**Decision rationale:** The American College of Occupational and Environmental Medicine Guidelines indicate that a referral for hand surgery consultation may be indicated for injured workers who have red flags of a serious nature; fail to respond to conservative management, including worksite modifications, and who have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. For Carpal Tunnel Syndrome, there should be documentation of a failure of conservative care including bracing and injections. There must be objective findings upon examination that are corroborated by electrodiagnostic studies. For DeQuervain's there should be documentation of a failure of bracing and steroid injections. The clinical documentation submitted for review failed to provide documentation of electrodiagnostic studies to support the necessity for a carpal tunnel release. There was a lack of documentation indicating the injured worker had been treated with bracing and injections. As such, the carpal tunnel release would not be supported. There was a lack of documentation indicating a failure of bracing and steroid injections for the treatment of De Quervain's syndrome. Given the above, the request for right carpal tunnel syndrome and De Quervain's tunnel release is not medically necessary.

### **Pre-operative labs: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

### **Tylenol with codeine No 3 #30: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Ibuprofen 800 mg #90 with 5 refills:** 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): 67.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual injured worker treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation indicating a necessity for 5 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for ibuprofen 800 mg #90 with 5 refills is not medically necessary.

**Pre-Op Chest X-Ray:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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