

<b>Case Number:</b>	CM15-0051141		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	11/01/2010
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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, Sports Medicine

### 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 reported an injury on 11/01/2010. She was diagnosed with left carpal tunnel syndrome and left cubital tunnel syndrome. She had received approval for undergoing a left elbow ulnar nerve release with possible transposition and postop appointment, with fluoroscopy x4 visits, cold therapy unit x7 days, 6 physical therapy, preop appointment, and left carpal tunnel release. Additional modified approvals included preop Norco 10/325 mg a total of 60, preop Colace 100 mg a total of 20, and preop naproxen 550 mg a total of 60. The injured worker underwent electrodiagnostic testing on 12/12/2014 which identified evidence of moderate left carpal tunnel syndrome without active muscle denervation and no electrodiagnostic evidence of left cubital tunnel syndrome or cervical radiculopathy. She was seen on 03/04/2015 for evaluation and treatment of her left upper extremity. She had been treated with splints, injections, and therapy, but continued to complain of numbness and tingling in all of her fingers. On examination, she had very positive provocative testing for carpal tunnel syndrome with a positive Tinel's and Phalen's sign, but no radiocarpal tenderness. She also had no triggering or locking of any digits. Additionally, she had full range of motion of the elbow, but a very positive Tinel's sign over the left cubital tunnel with reproduction of ulnar nerve dysesthesias. Also, she had a positive elbow flexion test of the left elbow with reproduction of symptoms within seconds and very mild medial epicondylar tenderness and no lateral epicondylar tenderness. There is also no evidence of elbow instability, and no evidence of radial tunnel syndrome. On exam of her hand and wrist, the injured worker had a metacarpal arch

flattening with intrinsic weakness, mild clawing and sensation diffusely decreased. She was no longer stated as permanent and stationary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Game Ready unit rental for two weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome Chapter; Knee and Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Game Ready; Continuous Flow Cryotherapy.

**Decision rationale:** According to the Official Disability Guidelines, although a game ready unit may be indicated for any injured worker undergoing an operative procedure, there is a lack of evidence necessitating the use of this type of equipment for an upper extremity operation. Additionally, the guidelines only support the use of a game ready unit for 7 days postoperatively. The request exceeds the maximum allowance under the guidelines with no rationale for excessive use. Therefore, without meeting the guideline criteria for the requested length of time and with no indication that the injured worker necessitates the use of a game ready unit after undergoing an upper extremity procedure with no documentation of a history of DVTs, the request is not considered a medical necessity.

**Physical Therapy, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Although there was a modified authorization for the injured worker undergoing surgical repair of both the cubital tunnel and carpal tunnel on the left, the California MTUS/ACOEM Guidelines do not support any more than 8 sessions of physical therapy following a carpal tunnel procedure. Although 20 sessions are allowed following a cubital tunnel release, the guidelines further recommended that injured worker's complete half the allowed number of sessions to provide for interval reassessment prior to requesting additional visits. Therefore, with the request exceeding the maximum allowance under the California MTUS Postsurgical Rehabilitation Guidelines for carpal tunnel release, and with injured workers recommended to complete half the provided sessions, the request cannot be supported as a medical necessity.

**Ultracet:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Under the California MTUS Guidelines, although Ultracet may be supported following an operative procedure, the physician has failed to specify the dosage, the total of number of tablets to be dispensed to the injured worker, and the frequency and duration of use. Appropriate forms of medication prescriptions must involve the name of the medication, the dosage, the frequency and duration of use, and total number of tablets to be dispensed. However, without meeting the criteria for the use of this medication in terms of appropriate prescription, the Ultracet cannot be considered a medical necessity.

**Zofran 8mg quantity 10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, Anti emetics for opioid nausea.

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

**Decision rationale:** According to the Official Disability Guidelines, Zofran is not warranted for use in injured workers with the intent of resolving medication-induced nausea or vomiting. Without having a thorough rationale for the use of Zofran, and no indication for the necessity of use, the requested service cannot be supported. Therefore, the Zofran 8 mg quantity of 10 is not a medical necessity.

**Cyclobenzaprine 7.5mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** The California MTUS Guidelines have indicated that the use of this medication is intended for treatment of spasticity and/or muscle spasms. The most recent clinical documentation did not specifically identify any areas the injured worker was suffering from muscle spasticity to warrant the use of this medication. Additionally, duration of use of cyclobenzaprine is not intended for long-term use. With the prescription identifying 60 tablets to be dispensed to the injured worker, and the guidelines stating that duration of use should be

short, the requested service cannot be considered medically appropriate, and thus not medically necessary.