

Case Number:	CM15-0073106		
Date Assigned:	04/23/2015	Date of Injury:	08/05/2009
Decision Date:	10/02/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/16/2015

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 28-year-old female, who sustained an industrial injury on 08/05/2009. The injured worker reported injuries to eh bilateral wrist and hands secondary to repetitive use with daily work activities. The injured worker was diagnosed as having right ulnar neuropathy with Guyon's canal greater than cubital tunnel, right carpal tunnel syndrome, right de Quervain's disease, and right ring stenosing tenosynovitis. Treatment to date has included status post cortisone injection times one for right carpal tunnel syndrome, status post cortisone injection times one to the right de Quervain's disease, status post cortisone injection times one for right ring stenosing tenosynovitis, night wrist splint, medication regimen, home exercise program, and electromyogram. EMG from 7/31/14 demonstrated no evidence of right carpal tunnel syndrome. In a progress note dated 02/10/2015 the treating physician reports complaints worsened pain to the right long, ring, and small fingers, continued weakness of the right hand, continued difficulty of grasping and holding objects, and continued improved numbness of the right thumb. The treating physician requested neuroplasty median nerve carpal tunnel, wrist flexor tenosynovectomy, advancement tissue rearrangement of the right hand, neuroplasty to digital 1 or both, neuroplasty to the hand, neuroplasty ulnar nerve at wrist Guyon's Canal, anesthetic peripheral nerve injection /BR carpal with the treating physician noting multiple reasons for the requested procedures including failed conservative measures and pain, numbness, and paresthesia noted daily to affected areas. Along with the above listed procedure, the treating physician requested occupational therapy three times a week for four weeks to focus on rapid recovery of finger range of motion, use of a cold therapy device noting that is provides relief of

pain, controls bleeding, prevents and reduces swelling of traumatic origin, prevents or reduces inflammation, and temporary reduction of spasticity; use of a continuous passive motion device for finger movement for thirty days to aid in early healing and prevention of post-operative joint stiffness by using range of motion; use of a deep vein thrombosis device for bilateral lower extremities to decrease the chance of the development of venothromboembolism post-operatively; use of a transcutaneous electrical nerve stimulation unit for a one month trial to be used in addition to a functional restoration program in assisting with post-operative pain due to the nonuse of opioid medications; Ketorolac (Sprix) to be used for moderate to severe pain post-operatively by decreasing inflammation, swelling, and pain; and use of wound care cream to provide a moist environment to promote optimal healing and also to decrease the pain. The treating physician also requested the treatments of a pre-operative clearance, pre-operative history and physical, custom short arm splint, Cephalexin (Keflex) 500mg with a quantity of 30 with no refills, and Ondansetron (Zofran) oral disintegrating tablet 4mg with a quantity of 30 with one refill, but the documentation provided did not include the specific reasons for these requested treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuroplasty median nerve carpal tunnel, wrist flexor tenosynovectomy, advancement tissue rearrangement right hand, neuroplasty digital 1 or both, neuroplasty hand, neuroplasty ulnar at wrist Guyon's Canal: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter.

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 evaluate for carpal tunnel and stratify 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 is lack of evidence in the records from 7/31/14 of electrodiagnostic evidence of carpal tunnel syndrome or distal ulnar neuropathy at Guyon's canal. In addition, there is lack of evidence of recent failed conservative management in the records. Therefore, the request is not medically necessary.

Injection Peripheral nerve/BR carpal: 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.

Short arm splint: 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.

Pre-operative medical clearance: 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.

Pre-operative history and physical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Anesthesiologists Practice Advisory for Preanesthesia Evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Occupational therapy (12-sessions, 3 times a week for 4-weeks): 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.

Custom short arm splint: 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.

Cold therapy device: 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.

CPM device for finger movement for 30-days: 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.

DVT device for bilateral lower extremities: 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.

TENS Unit (1-month trial): 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.

Cephalexin (Keflex), 500mg #30 with no refills: 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.

Ketorolac (Sprix): 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.

Ondansetron ODT (Zofran) 4mg, #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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, Ondansetron.

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on the issue of Zofran for postoperative use. According to the ODG, Pain Chapter, Ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use. In this case, the exam note from 2/10/15 does not demonstrate evidence of nausea and vomiting or increased risk for postoperative issues. Therefore, the request is not medically necessary.

Wound care cream: 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.