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| Case Number: | CM14-0027284 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 07/20/2012 |
| Decision Date: | 08/15/2014 | UR Denial Date: | 02/14/2014 |
| Priority: | Standard | Application Received: | 03/04/2014 |

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a [REDACTED] employee who has filed a claim for bilateral carpal tunnel syndrome reportedly associated with an industrial injury of July 28, 2012. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; attorney representation; extensive periods of time off of work; and an agreed medical evaluation of August 29, 2013, in which the medical-legal evaluator opined that the applicant's neck, shoulder, wrist, and elbow complaints were a function of cumulative trauma at work. In a utilization review report dated February 14, 2014, the claims administrator denied a request for bilateral carpal tunnel release surgery. The claims administrator's rationale was extremely difficult to follow and comprised almost entirely of cited guidelines. A variety of derivative requests, including a medical clearance, preoperative laboratory testing, and postoperative physical therapy were denied. In the medical-legal evaluation of August 29, 2013, the medical legal evaluator referenced negative electrodiagnostic testing of upper extremities of June 13, 2007. Subsequent electrodiagnostic testing of August 14, 2012 was notable for a possible early median nerve entrapment of the left wrist. The medical-legal evaluator suggested that the applicant's EMG and nerve conduction studies were consistent with bilateral carpal tunnel syndrome and a disk herniation at C5-C6. In a supplemented medical-legal report of November 22, 2013, the medical-legal evaluator gave the applicant an 18% whole-person impairment rating for her cervical spine and 3% impairment ratings for each of the left and right wrist. On February 20, 2014, the applicant presented with persistent complaints of neck pain and wrist pain, exacerbated by movement. The applicant apparently had neck symptoms with MRI findings suggestive of left upper extremity radiculopathy. The attending provider commented that the applicant had electrodiagnostically confirmed carpal tunnel syndrome bilaterally. A rather proscriptive 5-pound lifting limitation was endorsed. It did

not appear that the applicant was working. The applicant had swelling over the bilateral wrist consistent with a possible bilateral ganglion cyst. Tinel and Phalen signs were positive bilaterally. The applicant was asked to pursue a bilateral carpal tunnel release surgery. No actual electrodiagnostic testing reports were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral wrist Carpal Tunnel release (CTR) with neulysis of median nerve: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 9,11,265, 268 and 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Chapter; Indications for Surgery-Carpal Tunnel Release and on the Non-MTUS website <http://www.nobi.nim.nih.gov/pubmed/3276422>.

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

Decision rationale: As noted in the MTUS ACOEM Guidelines in Chapter 11, page 270, carpal tunnel syndrome must be proved by positive findings on clinical examination that diagnosis should be supported by nerve conduction test before surgery is undertaken. In this case, however, the electrodiagnostic testing on file does not clearly establish a diagnosis of carpal tunnel syndrome. The applicant had two sets of documented electrodiagnostic testing in 2007 and 2012, none of which definitively established a diagnosis of bilateral carpal tunnel syndrome. Given the multifocal nature the applicant's complaints, allegations of cumulative trauma, reports of cervical radiculopathy with neck pain radiating to the bilateral arms and associated positive cervical MRI findings, etc., it appears that the purported diagnosis of bilateral carpal tunnel syndrome is very much in doubt, particularly since the applicant has not had definitively positive electrodiagnostic testing about either wrists which definitively established the diagnosis of carpal tunnel syndrome. Therefore, the request is not medically necessary.

Medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA guidelines on perioperative cardiovascular evaluation and care for non cardiac surgery (<http://circ.ahajournals.org/cgi/content/full116/17/e418>); Practice Advisory for pre-anesthesia Evaluation; American Society of Anesthesiologists task force on pre-anesthesia Evaluations.

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.

CBC, CMP, Preg, PT/PTT: 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) Low Back - Lumbar & Thoracic, (Acute & Chronic), Chapter Preoperative lab testing; Orthopedic Knowledge Update 9 Fischorund. Editor;Chapter 9, page 105; ACC/AHA guidelines on perioperative cardiovascular evaluation and care for non cardiac surgery (<http://circ.ahajournals.org/cgi/content/full116/17/e418>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence Medscape, Preoperative Testing article.

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

Vicodin 5/500: 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): 79-80 & 81. Decision based on Non-MTUS Citation Official Disability Guidelines, Opioid drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the attending provider has not established the presence of any of the aforementioned criteria over the course of the applicant's treatment. There is no evidence that the applicant has returned to work with a rather proscriptive 5-pound lifting limitation in place. The attending provider has not documented any concrete reductions in pain and/or improvements in function achieved as a result of ongoing Vicodin usage. Therefore, the request is not medically necessary.

Cipro 500: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antibiotic Timed Administration, Ann Surg 2008; 247:918-926.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence ACOEM Practice Guidelines, Third Edition, Hand, Wrist, and Forearm Chapter.

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

Post-op Physical Therapy 2 x 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel Page(s): 16 and 22. Decision based on Non-MTUS Citation Official Disability guidelines for post-op PT and CTR; Post-op PT for CTR Kuliek, RG, Ortho Clinics of NA, 1996, Apr 27(2) pp.345-53. Cook, AC et al, J Hand Surg (Br),1996 Apr20(2) pp. 228-30.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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