

<b>Case Number:</b>	CM15-0119448		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 60-year-old male who sustained an industrial injury on 07/30/2013. Current diagnoses include status post right carpal tunnel release with ulnar nerve decompression at Guyon canal and left carpal tunnel syndrome, electrodiagnostically positive. Previous treatments included medications, right carpal tunnel release on 11/17/2014, and physical therapy. Previous diagnostic studies include a urine drug screening dated 03/13/2015. Report dated 05/14/2015 noted that the injured worker presented with complaints that included weakness in the right hand, left hand pain and numbness, and right triceps pain. Pain level was not included. Physical examination was positive for right shoulder impingement with tenderness along the insertion of the triceps, right hand weakness of grip and well healed scar, and positive Tinel's with hypesthesia in the medial distribution of the left hand. The treatment plan included proceeding with left carpal tunnel release surgery, risks, benefits, and complications were discussed, and request for a topical analgesic. Currently the injured worker is temporarily partially disabled. Disputed treatments include left carpal tunnel release surgery, preoperative EKG, preoperative history and physical, CBC with diff, UF, Chem panel (PT/PTT and CMP), post operative physical therapy, three times a week for four weeks, post operative Norco 10/325mg #60, post operative Tramadol HCL ER 150mg #60, post operative Keflex 500mg #38, and ketoprofen%, gabapentin 6%, Bupivacaine 5%, Baclofen 2%, cyclobenzaprine 2%, Clonidine 0.2%, hyaluronic acid 2%, 300gms with three refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left carpal tunnel release surgery: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS 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) Forearm, Wrist and Hand, Carpal tunnel syndrome.

**Decision rationale:** According to the CA MTUS/ACOEM Practice Guidelines, 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 5/14/15 of electrodiagnostic evidence of carpal tunnel syndrome. In addition, there is lack of evidence of failed bracing or injections in the records. According to the Official Disability Guidelines surgery for carpal tunnel syndrome, is recommended after an accurate diagnosis of moderate or severe CTS. Surgery is not generally initially indicated for mild CTS unless symptoms persist after conservative treatment. In this case, there is insufficient evidence of carpal tunnel syndrome and failure of conservative management as stated above. There is insufficient evidence of abnormal hand diagram scores, nocturnal symptoms, decreased two-point discrimination or thenar weakness to warrant surgery. Therefore, the request is not medically necessary.

**Preoperative EKG: 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.

**Preoperative history and physical: 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.

**Associated Surgical Service: CBC with diff, UF: 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.

**Associated Surgical Service: Chem panel (PT/PTT and CMP):** 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.

**Post operative physical therapy, three times a week for four 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.

**Post operative Norco 10/325mg #60:** 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.

**Post operative Tramadol HCL ER 150mg #60:** 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.

**Post operative Keflex 500mg #38:** 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.

**Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, Hyaluronic acid 2%, 300gms with three refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary.