

Case Number:	CM15-0120183		
Date Assigned:	06/30/2015	Date of Injury:	04/07/2014
Decision Date:	09/24/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	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, Indiana, Oregon
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 51 female who sustained an industrial injury on 4/7/14 involving stomach pain, chest pain and numbness of her arms and hands. She was medically evaluated. She was involved in a rear-end motor vehicle accident in 5/2014 resulting in a whiplash-like injury. Her current symptoms were bilateral wrist pain and numbness to the thumb and fingers (per Utilization Review note 5/19/15). Medication was Valium. Diagnoses include noncardiac chest pain; irritable bowel syndrome; early satiety; sleep disorder secondary to pain; left carpal tunnel syndrome; right sided tendonitis; tendonitis on the right. On 6/12/15, Utilization Review evaluated requests for left carpal tunnel release with possible Flexor tenosynovectomy and/ or median neurolysis; preoperative medical clearance evaluation; initial post-operative physical therapy, twice weekly for four weeks; continuous cold therapy unit, purchase; Flector Patch, 3 gm, two times daily, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Carpal Tunnel Release with possible Flexor tenosynovectomy and/or median neurolysis: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel.

Decision rationale: The CA MTUS/ACOEM Practice Guidelines do not specifically address neurolysis. According to ODG, Carpal Tunnel syndrome, Carpal Tunnel Release Surgery, Adjunctive procedures: The 2008 AAOS CTS clinical treatment guidelines concluded that surgeons not routinely use the following procedures when performing carpal tunnel release: Skin nerve preservation; & Epineurotomy. The following procedures had no recommendation for or against their use: Flexor retinaculum lengthening; Internal neurolysis; Tenosynovectomy; & Ulnar bursa preservation. Therefore, neurolysis and tenosynovectomy is not recommended and the combined request by the treating physician is not medically necessary.

Preoperative Medical Clearance/Evaluation: 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.

Initial Post operative Physical Therapy, 2 times wkly for 4 wks, 8 sessions: 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.

Continuous Cold Therapy unit, purchase: 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.

Flector patch, 3 gms, 2 times daily, Qty 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel.

Decision rationale: The CA MTUS/ACOEM Practice Guidelines are silent on the issue of flector patches, which are topical Diclofenac. According to the ODG, Pain section, Diclofenac Topical, it is not recommended as a first line treatment but is recommended for patients at risk for GI events from oral NSAIDs. In this case, the exam notes do not demonstrate prior adverse GI events or intolerance to NSAIDs. Given the lack of documentation of failure of oral NSAIDs or GI events, the request is not medically necessary.