

Case Number:	CM15-0123104		
Date Assigned:	07/07/2015	Date of Injury:	06/16/2013
Decision Date:	09/24/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/25/2015

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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand 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 34-year-old female with an industrial injury dated 06/25/2013. Her diagnoses included right upper extremity median nerve contusion, carpal tunnel syndrome and possible complex regional pain syndrome. Prior treatment included rest, ice, medication, bracing, cortisone injection and occupational therapy. She presents on 06/18/2015 with discomfort of the upper extremity, numbness and tingling as well as pain. Physical examination of the right upper extremity reveals full active range of motion. Sensation was intact throughout to light touch with excellent capillary refill noted. She has a positive Tinel, Phalen and Durkan maneuver to median nerve compression of the right wrist with radiating symptoms to her forearm. Treatment plan included continued use of braces, active and passive range of motion and surgery with associated surgical services. The treatment plan for Neurontin 300 mg quantity 120 was authorized. The treatment request is for: Keflex 500 mg quantity 12. Post-operative occupational therapy, 2 times weekly for 3 weeks, 6 sessions. Right Carpal Tunnel Release, outpatient- Vicodin 5/300 mg quantity 40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release, outpatient: Overturned

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

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

Decision rationale: The carpal tunnel release is medically necessary. According to the ACOEM guidelines, Chapter 11, page 270, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken". This patient has significant symptoms of carpal tunnel syndrome, an exam consistent with carpal tunnel syndrome and positive electrodiagnostic studies in 2013 for median nerve compression. Conservative treatment with therapy and bracing has not been helpful. Per the ACOEM guidelines, carpal tunnel release is medically necessary.

Post operative Occupational Therapy, 2 times wkly for 3 wks, 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical/Occupational Therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: As per Medical Treatment Utilization Schedule (MTUS) guidelines, up to 8 visits are allowable following carpal tunnel release. The patient has positive nerve condition testing for carpal tunnel syndrome and will undergo carpal tunnel release. Postoperative therapy is generally required after carpal tunnel release, and the request for therapy is consistent with MTUS guidelines. Therefore, the requested Post operative Occupational Therapy, 2 times wkly for 3 wks, 6 sessions is medically necessary.

Keflex 500 mg Qty 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: COPD, antibiotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Hand Surg Am. 2010 Feb; 35(2):189-96. DOI: 10.1016/j.jhsa.2009.11.012. Rate of infection after carpal tunnel release surgery and effect of antibiotic prophylaxis. Harness NG1, Inacio MC, Pfeil FF, Paxton LW. Orthopedics 2012 Jun; 35(6): e829-33. DOI: 10.3928/01477447-20120525-20. Is antibiotic prophylaxis necessary in elective soft tissue hand surgery? Tosti R1, Fowler J, Dwyer J, Maltenfort M, Thoder JJ, Ilyas AM.

Decision rationale: According to Harness et al, "The overall infection rate after carpal tunnel release surgery is low. In addition, the deep (organ/space) infection rate is much lower than previously reported. Antibiotic use did not decrease the risk of infection in this study population,

including patients with diabetes. The routine use of antibiotic prophylaxis in carpal tunnel release surgery is not indicated. Surgeons should carefully consider the risks and benefits of routinely using prophylactic antibiotics in carpal tunnel release surgery." The request for prophylactic postoperative antibiotics is not medically necessary.

Vicodin 5/300 mg Qty 40: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75 and 91.

Decision rationale: Per MTUS page 75 and 91 of 127: Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, HycetTM; Lorcet, Lortab; Margesic- H, MaxidoneTM; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available): Indicated for moderate to moderately severe pain. Note: there are no FDA-approved hydrocodone products for pain unless formulated as a combination. Side Effects: See opioid adverse effects. Analgesic dose: The usual dose of 5/500mg is 1 or 2 tablets PO every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Hydrocodone has a recommended maximum dose of 60mg/24 hours. The dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. MTUS endorses opiates for short-term postoperative pain control. The request for Vicodin for postoperative pain management is medically necessary.