

<b>Case Number:</b>	CM15-0161493		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	02/07/2013
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### **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:

This is a 29 year old male with a date of injury on 2-7-2013. A review of the medical records indicates that the injured worker is undergoing treatment for right chronic wrist pain, right carpal tunnel syndrome, right wrist flexor tenosynovitis, right ulnar neuropathy: Guyon's canal and right DeQuervain's disease. According to the progress reports dated 6-11-2015 to 7-10-2015, the injured worker complained of pain in the right wrist, fingers and elbow. He complained of numbness and tingling of the right wrist, hand, fingers and thumb. He complained of popping of the right wrist with range of motion. He complained of weakness of the right hand and difficulties with gripping, grasping and lifting. Per the treating physician (5-21-2015), the injured worker was temporarily totally disabled. The physical exam (6-11-2015) revealed positive provocative testing median neuropathy right carpal tunnel, positive ulnar nerve compression test and Tinel sign right Guyon's canal and positive Finkelstein test and tenderness right first dorsal compartment. Treatment has included cortisone injections, bracing and medications. The request for authorization was dated 7-20-2015. The original Utilization Review (UR)(7-31-2015) denied requests for Neuroplasty, Median Carpal Tunnel, Wrist Flexor Tenosynovectomy, Neuroplasty Hand, Neuroplasty Ulnar N at wrist Guyon's Canal, Anesthetic injection Peripheral Nerve Median, Application of Short Arm Splint, First Dorsal Compartment Release Incision Extensor Tendon Sheath Wrist, Synovectomy Ext Tendon Single Comp, Neurolysis Dorsal Sens BR Radial Nerve, Excision Hypopigmented Skin 4.0cm, Repair Complex Arm 1.1-2.5cm, Excision Tumor Soft Tissue 3.0cm, Wrist arthroscopy, Diagnostic, Arthroscopic debridement Synovect repair, Pre-op medical clearance and Right Carpal Tunnel Release and Ulnar NM Rel Guyon. UR denied requests for continuous passive motion (CPM)

device, deep vein thrombosis (DVT) device, electrical stimulation device and cold pneumatic compression therapy unit. UR denied requests for Ondansetron, Tylenol #4, wound care cream and Cephalexin. UR denied a request for occupational therapy for the right wrist.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Neuroplasty, Median Carpal Tunnel: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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:** CA MTUS/ACOEM \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.

#### **Wrist Flexor Tenosynovectomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**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:** CA MTUS/ACOEM \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.

#### **Neuroplasty Hand, Neuroplasty Ulnar N at wrist Guyon's Canal: Upheld**

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

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

**Decision rationale:** CA MTUS/ACOEM is silent on surgery for Guyon canal release. ODG forearm is referenced. Release can be recommended for symptoms persisting after 6 months of conservative care. Conservative care is recommended as OT, splinting, NSAIDs and activity modification. In this case, there is no EMG evidence of ulnar nerve compression at guyons canal. The request is not medically necessary.

**Anesthetic injection Peripheral Nerve Median:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

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

**Application of Short Arm Splint:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

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

**First Dorsal Compartment Release Incision Extensor Tendon Sheath Wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** CA MTUS/ACOEM Guidelines, Forearm, Wrist and Hand Complaints, page 265, states that "DeQuervain's tendinitis, if not severe, may be treated with a wrist-and-thumb splint and acetaminophen, then NSAIDs, if tolerated, for four weeks before a corticosteroid injection is considered." Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. In this case the exam notes do not demonstrate evidence of severe symptoms or failed conservative management including injection. Therefore the request is not medically necessary.

**Synovectomy Ext Tendon Single Comp: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** CA MTUS/ACOEM Guidelines, Forearm, Wrist and Hand Complaints, page 265, states that "DeQuervain's tendinitis, if not severe, may be treated with a wrist-and-thumb splint and acetaminophen, then NSAIDs, if tolerated, for four weeks before a corticosteroid injection is considered." Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. In this case the exam notes do not demonstrate evidence of severe symptoms or failed conservative management including injection. Therefore, the request is not medically necessary.

**Neurolysis Dorsal Sens BR Radial Nerve: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS/ACOEM is silent on neuroma excision. ODG forearm is referenced. Neuroma excision is indicated after failure of 3 months of appropriate therapies including: active and passive range of motion, adaptive modalities including TENS, contrast baths, & hydrotherapy. Once these treatments have failed, surgical treatment can include excision, re-implantation into muscle or bone or simple neurolysis. In this case the request is to treat the nerve with the appropriate surgical treatment based on intraoperative decision. The worker has not failed more than 3 months of appropriate non-surgical treatments. The request is not medically necessary.

**Excision Hypopigmented Skin 4.0cm: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of scar excision. ODG burn chapter is referenced. Scar treatment is recommended for scars with significant functional impairment related to the scar where there is a reasonable expectation of improvement with

treatment In this case the notes do not document clearly that a significant function impairment caused by the scar exists. Therefore the request is not medically necessary.

**Repair Complex Arm 1.1-2.5cm: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As the scar excision is not medically necessary, the complex closure will not be needed and is therefore not medically necessary.

**Excision Tumor Soft Tissue 3.0cm: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mankin, HENRY J., THOMAS A. Lange, and S. S. Spanier. "The hazards of biopsy in patients with malignant primary bone and soft-tissue tumors." The Journal of Bone & Joint Surgery 64.8 (1982): 1121-1127.

**Decision rationale:** CAMTUS/ACOEM is silent on biopsy of soft tissue tumors. ODG is silent as well. Alternative references are cited. Biopsy by a tumor specialist at the center where a tumor will be treated lead to improved functional outcomes and reduces the risk of poor oncologic outcome. The request for biopsy is not medically necessary.

**Wrist arthroscopy, Diagnostic: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** CA MTUS/ACOEM Chapter 11, Forearm, Wrist and Hand Complaints, page 270 recommends referral for hand surgery for patients with red flags, failure to respond to conservative management and have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. In this case the exam notes do not demonstrate evidence of failure of conservative management with bracing, activity modification or injection. In addition, there is no clear surgical lesion on MRI to warrant surgical care. Therefore, the request is not medically necessary.

**Arthroscopic debridement Synovect repair: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** CA MTUS/ACOEM Chapter 11, Forearm, Wrist and Hand Complaints, page 270 recommends referral for hand surgery for patients with red flags, failure to respond to conservative management and have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. In this case, the exam notes do not demonstrate evidence of failure of conservative management with bracing, activity modification or injection. In addition, there is no clear surgical lesion on MRI to warrant surgical care. Therefore, the request is not medically necessary.

**Right Carpal Tunnel Release and Ulnar NM Rel Guyon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval 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 of electrodiagnostic evidence of carpal tunnel syndrome and a lack of evidence of failed bracing or injections. Therefore, the request is not medically necessary.

**Pre-op medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

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

**Associated surgical service: Cold pneumatic compression therapy unit:** Upheld

**Claims Administrator guideline:** Decision not based on MTUS. Decision based on Non-MTUS Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

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

**Associated surgical service: Continuous passive motion device:** Upheld

**Claims Administrator guideline:** Decision not based on MTUS. Decision based on Non-MTUS Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

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

**Associated surgical service: Deep vein thrombosis device:** Upheld

**Claims Administrator guideline:** Decision not based on MTUS. Decision based on Non-MTUS Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

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

**Associated surgical service: Electrical stimulation device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009 Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

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

**Associated surgical service: Cephalexin (Keflex) 500 mg, 1 tab every 6 hours x7 days #30:** Upheld

**Claims Administrator guideline:** Decision not based on MTUS. Decision based on Non-MTUS Official Disability Guidelines.

**MAXIMUS guideline:** Decision not based on MTUS. Decision based on Non-MTUS Stulberg DL, Penrod MA, Blatny RA. Common bacterial skin infections. Am Fam Physician. 2002 Jul 1;66(1):119-24.

**Decision rationale:** CA MTUS/ACOEM and ODG are silent on the issue of Keflex. An alternative guideline was utilized. According to the American Family Physician Journal, 2002 July 1; 66 (1): 119-125, titled "Common Bacterial Skin Infections", Keflex is often the drug of choice for skin wounds and skin infections. It was found from a review of the medical record submitted of no evidence of a wound infection to warrant antibiotic prophylaxis. The request for Keflex is therefore not medically necessary and appropriate.

**Ondansetron ODT (Zofran) 4mg once daily #30:** Upheld

**Claims Administrator guideline:** Decision not based on MTUS. Decision based on Non-MTUS Official Disability Guidelines.

**MAXIMUS guideline:** Decision not based on MTUS. Decision based on Non-MTUS Official Disability Guidelines, Pain.

**Decision rationale:** CA MTUS/ACOEM is 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 submitted records demonstrate no evidence of nausea and vomiting or increased risk for postoperative issues. Therefore determination is not medically necessary.

**Tylenol No. 4 one tab every 4-6 hours:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009 Guidelines.

**MAXIMUS guideline:** Decision not based on MTUS. Decision based on Non-MTUS Official Disability Guidelines, Forearm.

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

**Post-operative wound care cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009 Guidelines.

**MAXIMUS guideline:** Decision not based on MTUS. Decision based on Non-MTUS Official Disability Guidelines, Forearm.

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

**Associated surgical service: Occupational therapy 3 x 4 for the right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009 Guidelines.

**MAXIMUS guideline:** Decision not based on MTUS. Decision based on Non-MTUS Official Disability Guidelines, Forearm.

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