

<b>Case Number:</b>	CM15-0091328		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	12/14/2012
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: New York

Certification(s)/Specialty: Neurological 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 48 year old woman sustained an industrial injury on 12/14/2012. The mechanism of injury is not detailed. Diagnoses include right shoulder impingement syndrome, right carpal tunnel syndrome with overuse tendinopathy, right elbow lateral epicondylitis, and right wrist tendinitis. Treatment has included oral and topical medications, splinting, and physical therapy. Physician notes from orthopedic surgery dated 2/13/2015 show complaints of right shoulder, wrist, and hand pain that are described as worsening. New complaints include weakness, decreased sensation, and night pain. Recommendations include surgical intervention, pre-operative clearance, post-operative physical therapy, Zofran, Duracef, Norco, Naprosyn, Flexeril, topical compound cream, and follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right carpal tunnel release and tenosynvectomy:** 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): s 270 and 273.

**Decision rationale:** The California MTUS guidelines do recommend early surgical decompression for severe carpal tunnel syndromes confirmed by nerve conduction velocities. Documentation does not provide this evidence of severity. The guidelines note the poorest surgical results are with patients with the mildest symptoms. The PR2s do not corroborate the presence of a severe carpal tunnel. The requested treatment: Right carpal tunnel release and tenosynovectomy is not medically necessary and appropriate.

**Preoperative clearance:** 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.

**Zofran 8mg #10:** 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) Medications Chapter-Antiemetics (for opioid nausea).

**Decision rationale:** The ODG guidelines do recommend Ondansetron (Zofran) for nausea and vomiting secondary to chemotherapy and radiation treatment. It is FDA-approved for postoperative use. Since the requested treatment: Right carpal tunnel release and tenosynovectomy is not medically necessary and appropriate, then the Requested Treatment: Zofran is not medically necessary and appropriate.

**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.

**Duracef 500mg:** 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 2 times a week for 4 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.