

Case Number:	CM15-0093502		
Date Assigned:	05/19/2015	Date of Injury:	10/27/2011
Decision Date:	09/29/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/14/2015

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 63 year old female with an October 27, 2011 date of injury. A progress note dated January 22, 2015 documents subjective findings (numbness and tingling of the entire right hand; numbness and tingling of the left ring and little fingers; right forearm pain; pain and swelling of the left hand on the little finger side; pain from the right shoulder to the hand; weakness of the right upper extremity), and current diagnoses (right lateral epicondylitis; right ulnar neuritis, cubital tunnel; right De Quervain's disease; right carpal tunnel syndrome). A progress note dated October 10, 2014 documents objective findings (bilateral pain on palpation of the ulnar nerve; pain on palpation of the right lateral epicondyle; subluxation of the cubital tunnel bilaterally; Tinel's sign positive bilaterally; Finkelstein test positive on the right; decreased strength of the fingers bilaterally; decreased sensation of the medial nerve bilaterally; decreased sensation of the ulnar nerve on the left). Treatments to date have included cortisone injections, electromyogram (January 13, 2015; showed moderate median neuropathy right carpal tunnel, moderate ulnar neuropathy right heel and canal, mild moderate neuropathy median nerve left carpal tunnel; mild-moderate neuropathy ulnar nerve left Guyon's canal), medications, acupuncture, occupational therapy, and bracing. The treating physician documented a plan of care that included carpal tunnel release and ulnar release decompression, Guyon's canal surgery for the right wrist/hand, first dorsal compartment release surgery for the right wrist/hand, and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal tunnel release and ulnar release decompression, Guyon's canal surgery for the right wrist/hand: Overturned

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) 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. 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 evidence of failure of conservative care as suggested by guidelines for both conditions. The carpal tunnel is moderate by EMG and recalcitrant to injection, bracing and physical therapy. The guyon's canal syndrome is confirmed by EMG and has been treated for 6 months or more with OT, splinting, NSAIDs and activity modification. All reasonable non-surgical therapies have been trialed as recommended by treatment guidelines and have failed. The requested surgery is medically necessary.

First dorsal compartment release surgery for the right wrist/hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

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 two injections as recommended. Therefore, the request is not medically necessary.

Preoperative medical clearance related to right wrist/hand surgery: 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) low back.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. CBC is recommended for surgeries with large anticipated blood loss. Creatinine is recommended for patient with renal failure. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 63 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the request is not medically necessary.

Post-op cold therapy device purchase: 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) wrist.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy for the hand. According to ODG, Forearm, Wrist and Hand, cryotherapy is recommended for up to seven days post-operatively. The definition of DME in the same reference states that the units can typically be rented and used by consecutive patients. In this case, the request is for purchase and is therefore not medically necessary.

Post-op CPM device for finger movement x30 days: 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) wrist.

Decision rationale: CAMTUS/ACOEM is silent on the issue of continuous passive motion of the wrist. According to ODG wrist, CPM is recommended after flexor tendon repair only. As the request is for a procedure other than flexor tendon repair, the guidelines do not support its use and the request is not medically necessary.

Post-op DVT max for the home use for purchase to be used for the right and left lower extremity: 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) wrist.

Decision rationale: CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy or deep vein thrombosis prophylaxis for wrist surgery. ODG, Forearm, Wrist and Hand is silent on the issue of DVT prophylaxis, According to the ODG, knee and leg section, venous thrombosis, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy". In this case, the exam notes do not justify objective evidence to support a need for DVT prophylaxis. Therefore, the request is not medically necessary and appropriate.

Post-op TENS device, 1-month trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guideline regarding TENS, pages 113-114, chronic pain (transcutaneous electrical nerve stimulation), "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for neuropathic pain and CRPS II and for CRPS I (with basically no literature to support use)." Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. In this case there is insufficient evidence of chronic neuropathic pain from the exam notes to warrant a TENS unit. Therefore, the determination is not medically necessary.

Post-op Cephalexin (Keflex) 500mg #30, with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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. Bibliography Stulberg DL, Penrod MA, Blatny RA. Common bacterial skin infections. Am Fam Physician. 2002 Jul 1; 66 (1): 119-24.

Post-op Ketorolac (Sprix) dosage, quantity and refill unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: Per the CA MTUS Chronic Pain Treatment Guidelines, NSAIDs, pages 67-73, non-steroidal anti-inflammatories should be used at the lowest dose for the shortest period of time. Sprix is a nasal spray with non steroidal anti-inflammatory medication. There is no rationale why an oral medication is contraindicated. Therefore the determination is not medically necessary.

Post-op Ondansetron ODT (Zofran) 4mg PK/30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Pain (chronic), Antiemetics.

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

Post-op woundcare cream dosage, quantity and refill unspecified: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Perl et al. Intranasal mupirocin to prevent postoperative Staphylococcus aureus infections New England Journal of Medicine 2002.

Decision rationale: CA MTUS/ACOEM/ODG is silent on the issue of bactroban (Mupirocin) preoperatively. Thus alternate evidence was used for determination. Perl et al wrote an article entitled "Intranasal mupirocin to prevent postoperative Staphylococcus aureus infections" in the New England Journal of Medicine 2002. In this level 1 study of 4,030 patients there was no change in postoperative wound infections with preoperative intranasal use of mupirocin as compared to placebo (2.3% vs 2.4%). In this case, there is no specification of the ingredients of the cream. The request is not medically necessary. Perl et al. Intranasal mupirocin to prevent postoperative Staphylococcus aureus infections, New England Journal of Medicine 2002.

12 Post-op occupational therapy for the right wrist/hand/fingers, 3 x 4 weeks: Upheld

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

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

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, page 16, 3-8 visits over a 3-month period is authorized. Half of the visits are initially recommended pending re-evaluation. In this case, the request exceeds the initial recommended treatment number and is therefore not medically necessary.