

Case Number:	CM15-0094517		
Date Assigned:	05/26/2015	Date of Injury:	06/27/2011
Decision Date:	07/27/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/18/2015

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 53 year old male, who sustained an industrial injury on 6/27/11. He reported pain in his left upper extremity. The injured worker was diagnosed as having carpal tunnel syndrome on the left; paresthesia left upper extremity and left shoulder impingement. Treatment to date has included an EMG/NCS study on 11/13/13 showing moderate left carpal tunnel syndrome with high degree of conduction block, Naproxen and Tramadol. As of the PR2 dated 4/16/15, the injured worker reported worsening symptoms in the left hand. He indicated that he is awakened several times a night because of numbness and pain in the left hand and is dropping objects with his left hand. The treating physician requested a Flexor tenosynovectomy of the left wrist with carpal tunnel release; fasciotomy of the left distal forearm, general anesthesia, Pre-op clearance: H&P, labs, Urinalysis, Chest X-ray, Pulmonary function test, post-operative Keflex 500mg #20, post-operative Ultram 50mg #60, post-operative Norco 5/325mg #60, post-operative Tylenol with Codeine No.3, post-operative physical therapy 2 x weekly for 6 weeks, post-operative acupuncture 2 x weekly for 6 weeks, post-operative TENs unit and supplies x 5 months, post-operative IFC unit with supplies, post-operative micro cool machine, Post-op DVT compression pump with sleeves x 30 days, smart glove, exercise kit, transportation to and from surgery, and a follow-up visit in 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexor tenosynovectomy of the left wrist with carpal tunnel release, fasciotomy of the left distal forearm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: 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 for median nerve compression. Per the ACOEM guidelines, carpal tunnel release alone should be sufficient to treat his carpal tunnel syndrome. Flexor tenosynovectomy is not required as a routine part of carpal tunnel release. Randomized studies have not shown improved outcomes for patients that undergo routine tenosynovectomy at the time of carpal tunnel release. Therefore the request is not medically necessary.

Associated surgical service: General anesthesia: 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): 270.

Decision rationale: The patient does not meet the guidelines for surgery. Therefore, general anesthesia is not required. Therefore the request is not medically necessary.

Pre-op clearance: H&P, labs, Urinalysis, Chest x-ray, Pulmonary function test: 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 ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The patient does not meet the guidelines for surgery. Therefore, preoperative work-up is not required. ODG-TWC, Low Back updated 5/15/15 states:

"Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. 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. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgeries who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Patients in their usual state of health who are undergoing cataract surgery do not require preoperative testing (Feely, 2013). Routine preoperative tests are defined as those done in the absence of any specific clinical indication or purpose and typically include a panel of blood tests, urine tests, chest radiography, and an electrocardiogram (ECG). These tests are performed to find latent abnormalities, such as anemia or silent heart disease that could impact how, when, or whether the planned surgical procedure and concomitant anesthesia are performed. It is unclear whether the benefits accrued from responses to true-positive tests outweigh the harms of false-positive preoperative tests and, if there is a net benefit, how this benefit compares to the resource utilization required for testing. An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. However, the relative effect on patient and surgical outcomes, as well as resource utilization, of these two approaches is unknown (AHRQ, 2013). The latest AHRQ comparative effectiveness research on the benefits and harms of routine preoperative testing concludes that, except for cataract surgery, there is insufficient evidence comparing routine and per-protocol testing. There is insufficient evidence to support routine preoperative testing for low risk procedures, and in this case, the records do not document any medical issues that require selective preoperative testing. Therefore the request is not medically necessary.

Post-op Keflex 500mg #20: Overturned

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): 270.

Decision rationale: The proposed carpal tunnel release with flexor tenosynovectomy is not medically necessary. Therefore, the requested post-op Keflex is not required. Therefore the request is not medically necessary.

Post-op Ultram 50mg #60: Overturned

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

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

Decision rationale: Per the MTUS guidelines, Tramadol (Ultram), "Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. See Opioids. See also Diabetic neuropathy; Opioids for neuropathic pain; & Medications for acute pain (analgesics). Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. NSAIDS are not sufficient for this patient's pain. The proposed flexor tenosynovectomy is not medically necessary. Therefore, the requested Ultram is not medically necessary.

Post-op Norco 5/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): s 74-86.

Decision rationale: The MTUS endorses opiates for short term postoperative pain control following surgery. However, the surgery is not approved and therefore the request for post-op Norco is not required. Therefore the request is not medically necessary.

Post-op Tylenol with Codeine No.3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): s 74-86.

Decision rationale: The MTUS endorses opiates for short term postoperative pain control following surgery. However, the surgery is not approved. Therefore the request for Tylenol #3 is not medically necessary.

Post-op physical therapy 2 x 6: 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: MTUS allows up to 8 visits following carpal tunnel. However the surgery is not approved. In addition, the request exceeds guidelines. Therefore the request for therapy is not medically necessary.

Post-op acupuncture 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to Section 9792.24.1 of the California Code of Regulations, Title 8, (1) "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. (2) "Acupuncture with electrical stimulation" is the use of electrical current (micro-amperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. (3) "Chronic pain for purposes of acupuncture" means chronic pain as defined in section 9792.20(c). (b) Application. (1) These guidelines apply to acupuncture or acupuncture with electrical stimulation when referenced in the clinical topic medical treatment guidelines in the series of sections commencing with 9792.23.1 et seq., or in the chronic pain medical treatment guidelines contained in section 9792.24.2. (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(f). Surgical intervention is not approved therefore postoperative acupuncture is not medically necessary.

Post-op TENS unit and supplies x 5 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

Decision rationale: Per the MTUS guidelines, Transcutaneous electrotherapy, page 114, TENS is 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 the conditions described below. Recommendations by types of pain are: a home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia (Niv, 2005). Phantom limb pain and CRPS II: Some evidence to support use (Finsen, 1988), (Lundeberg, 1985). Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury (Aydin, 2005). Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm (Miller, 2007). TENS is not medically necessary because the patient does not have neuropathic pain or CRPS II.

Post-op IFC unit with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 116.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: According to Chapter 3 of ACOEM, Initial Approaches to Treatment, Physical Methods of ACOEM states, "electrical stimulation can keep symptoms at bay temporarily, diminishing pain long enough so that patients begins to mobilize." According to the ODG guidelines, "Interferential stimulation for pain is possibly appropriate for the following conditions: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative or acute conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)" The surgery is not approved and therefore IFS is not required. Therefore the request is not medically necessary.

Post-op Micro cool machine: 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 ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Second Edition, 2004, Forearm, Wrist, and Hand Complaints, page 265 states, "'patients' at home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. The surgery is not approved and therefore cold therapy is not required. Therefore the request is not medically necessary.

Post-op DVT compression pump with sleeves x 30 days, smart glove, exercise kit: 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 Chronic Pain Treatment Guidelines Exercise Page(s): s 46-47.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines, p. 46-47, Exercise: Recommended. The MTUS does not specifically endorse an exercise kit. Smart glove and DVT compression pump are not required because the surgery is not authorized. Therefore the request is not medically necessary.

Associated surgical service: Transportation to and from surgery: 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 ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The carpal tunnel release is not certified, and therefore the need for transportation does not exist. Therefore the request is not medically necessary.

Follow-up visit in 3 months: 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 ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The surgery is not authorized and therefore follow-up in three months is not required. Therefore the request is not medically necessary.