

Case Number:	CM13-0029641		
Date Assigned:	11/01/2013	Date of Injury:	07/28/2007
Decision Date:	01/14/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 claimant is a 43-year-old injured worker with a date of injury on July 28, 2007. The claimant sustained an injury to the left upper extremity. The medical records available for review provider progress reports that include a June 19, 2013 assessment by the treating provider who indicated subjective complaints of numbness to the fingertips of both hands with burning sensation to the palms and nocturnal awakening. The treating provider indicates that the claimant's recent electrodiagnostic studies performed on July 23, 2012, were noted to be positive on the right and negative on the left for carpal tunnel syndrome. The treating provider indicated that the physical examination exhibited a positive bilateral Tinel sign at the wrist. It is noted that the claimant has failed conservative care for the diagnosis of carpal tunnel syndrome including injection therapy and splinting. The plan was for surgical intervention in the form of a carpal tunnel release procedure. The procedure was noted to have been undertaken on August 8, 2013. The formal report of surgical process is not documented, but the claimant's prior medical history demonstrates "no comorbid factors".

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative history and physical: 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. Decision based on Non-MTUS Citation California MTUS/ACOEM OMPG (Second Edition, 2004), Chapter 7, Independent Medical Examinations and Consultations, pg. 127. .

Decision rationale: Based on California ACOEM Guidelines, preoperative history and physical examination in this case would not be indicated. The employee underwent a localized carpal tunnel release procedure for which it is unclear as to whether a local anesthetic or other form of anesthetic was utilized. The employee demonstrates no history of comorbid factors. The request for a Pre-operative history and physical is not medically necessary and appropriate.

Pre-operative CBC:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG Indications for Surgery-Carpal Tunnel Release..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure..

Decision rationale: Based on Official Disability Guideline criteria, preoperative laboratory testing is only indicated in situations where underlying comorbid factors including history of anemia, diabetes, renal issues or coagulopathy is suggested. The employee's clinical records do not indicate underlying comorbid factors or type of anesthetic use for procedure. The request for a Pre-operative CBC is not medically necessary and appropriate.

Post-Operative Physical Therapy for left wrist:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (2009).

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, physical therapy following carpal tunnel release surgery would necessitate three to eight sessions over a three to five week period of time. At this stage in the employee's postoperative course of care, a non-documented number of sessions for therapy to the left wrist is recommended. It is unclear as to how many sessions of therapy have already been utilized or how many sessions of therapy are being requested. The request for post-operative physical therapy for the left wrist is not medically necessary and appropriate.