

<b>Case Number:</b>	CM13-0061272		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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. The expert 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 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/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 57 year old female who sustained an injury to the neck and left upper extremity on October 31, 2012. The medical records provided for review include a December 7, 2013 progress report documenting a diagnosis of left carpal tunnel syndrome with positive physical findings and failed conservative measures. A carpal tunnel release was recommended. There is no documentation to indicate that the surgical process has occurred or is scheduled. There are also recommendations for preoperative assessment, medical clearance, postoperative use of Vicodin, eighteen sessions of physical therapy and a brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PREOPERATIVE LABS (COMPLETE BLOOD COUNT, BASIC METABOLIC PANEL, URINALYSIS, PROTHROMBIN TIME/PARTIAL THROMBOPLASTIN TIME, ELECTROCARDIOGRAM, CHEST X-RAY):** 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 Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

**Decision rationale:** Based on the California ACOEM guidelines, preoperative testing including urinalysis, laboratory testing, chest x-ray, and electrocardiogram cannot be recommended. The claimant has been recommended to undergo a carpal tunnel release under local or regional anesthetic. There is no documentation within the records for review of an underlying comorbidity that would necessitate the need for all of the testing being requested. Therefore, the request in this case is not medically necessary.

**PREOPERATIVE MEDICAL CLEARANCE:** 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 Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

**Decision rationale:** Based on the California ACOEM guidelines, there would be no indication for preoperative medical clearance. This individual has been recommended to undergo a carpal tunnel release for which a local or regional anesthetic will be used. There is no documentation of an underlying history of comorbidities or medical history documented. Therefore, the request for preoperative clearance is not medically necessary.

**POST OPERATIVE WRIST BRACE:** 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

**Decision rationale:** The California MTUS and ACOEM guidelines do not address postoperative use of bracing, so alternate guidelines were used. When looking at the Official Disability Guidelines, bracing following carpal tunnel release procedure cannot be supported. The Official Disability Guidelines state that splinting after surgery has negative evidence. Instead, the ODG recommends prompt movement of the hand and digits using a soft dressing or appropriate postoperative bandage. The role of a brace in the postoperative setting would not be supported. As such, the request is not medically necessary.

**POST OPERATIVE PRESCRIPTION OF 60 VICODIN:** 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 Page(s): 51.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do not support the postoperative use of Vicodin. The records in this case do not indicate the date or timeframe for when the surgical process would occur. The specific prescription for postoperative medication would not be medically necessary until the specific date of surgery is set. As such, the request is not medically necessary.

**POST OPERATIVE PHYSICAL THERAPY THREE TIMES PER WEEK FOR SIX WEEKS:** 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 Postsurgical Treatment Guidelines.

**Decision rationale:** The California MTUS Postsurgical Treatment Guidelines do not recommend eighteen sessions of postoperative physical therapy. Guidelines recommend 3-8 sessions of physical therapy following a carpal tunnel release. The request for eighteen sessions of physical therapy would exceed the Postsurgical Guidelines and would not be indicated. As such, the request is not medically necessary.