

Case Number:	CM13-0063369		
Date Assigned:	12/30/2013	Date of Injury:	10/17/2012
Decision Date:	04/01/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/10/2013

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 Family Practice, has a subspecialty in Preventative Medicine 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 44 year old female claimant sustained an injury on 10/17/12 neck, arm and wrist pain. The claimant's general medical condition only included headaches. Her diagnoses included carpal tunnel syndrome, cervical spondylosis and trapezial strain. She had used analgesics for pain, chiropractic therapy, and undergone physical therapy (for several months over 2 years). The claimant was scheduled for carpal tunnel release surgery in November 2013 and a request was made for pre-operative labs (CBC, CMP, and UA), post-operative occupational therapy and additional physical therapy for the c-spine, shoulders and lumbar spine- for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative Labs: 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 Other Medical Treatment Guideline or Medical Evidence: National Guidelines Clearinghouse for pre-operative evaluation - AHRQ.

Decision rationale: The MTUS/ACOEM guidelines do not comment on pre-operative labs. According to the guidelines referenced above: patients with high-risk may require extensive

history and evaluation. Tests such as hemoglobin potassium or coagulation panels are only to be considered for those at risk of anemia, bleeding disorders or on medications such as diuretics. In this case the claimant is a low-risk individual undergoing an elective low-risk procedure. Pre-operative labs are not medically necessary.

Post-operative occupational therapy - twelve sessions: 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 Criteria for admission to a Work Hardening Program .

Decision rationale: Based on the guidelines, and the claimant's prior history of therapy for over 2 years and 2yrs since injury, post-operative occupational therapy(work hardening) is not medically necessary. Furthermore, treatment is not supported for more than 2 weeks. The 12 sessions requested is beyond the upper limits of the guidelines.

Physical therapy (PT) two (2) times a week for six (6) weeks for cervical spine, bilateral shoulders, and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Physical Medicine, work hardening Page(s): 99, 125-127.

Decision rationale: Based on the guidelines, and the claimant's prior history of therapy for over many months, and ability to carry on self home exercise program- physical therapy is not medically necessary.