MAXIMUS Federal Services

Case Number:	CM13-0072447		
Date Assigned:	01/03/2014	Date of Injury:	07/06/2012
Decision Date:	11/19/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	12/31/2013

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:

23 year old male claimant with an industrial injury dated 07/06/12. The patient completed 34 physical therapy sessions for the thoracic, lumbar spine and right elbow. MRI of the lumbar spine dated 09/12/13 provides evidence of L5-S1 Schmorl's node, no disc bulging or foraminal narrowing or nerve impingement. EMG/NCS dated 11/11/13 reveals a moderate median nerve neuropathy and carpal tunnel syndrome of the right wrist. Exam note 11/22/13 states the patient returns with low back pain and right hand pain. The patient explains having numbness and tingling in the right hand. Upon physical exam there was soft tissue swelling around the carpal tunnel with some thenar atrophy. There was tenderness to palpation in the carpal tunnel region as well. Range of motion for the right wrist was noted to be normal but the patient did have decreased sensation in the right palmar surface and median nerve distribution. The patient had a positive Tinel's and Phalen's sign tests. There was tenderness at L5-S1 of the lumbar spine with a normal range of motion. The patient had a negative straight leg raise. Diagnosis includes sprain lumbar region, joint pain, sprain of the elbow, pain in the thoracic spine, carpal tunnel syndrome, sprain of wrist, and sprain of back. Treatment includes a carpal tunnel release, a short arm splint, and topical pain relief cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient per-operative clearance: EKG: Upheld

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

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: http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx

Decision rationale: CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced.http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspxStates that patients greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case the claimant is 23 years old and does not have any evidence in the cited records from 11/22/13 of significant medical comorbidities to support a need for preoperative clearance. Therefore determination is not medically necessary.

Purchase of one tube of un-named topical pain relief cream: Upheld

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

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

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore the determination is not medically necessary.