

Case Number:	CM14-0007512		
Date Assigned:	02/10/2014	Date of Injury:	01/08/2013
Decision Date:	06/25/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/21/2014

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 Hand Surgery and is licensed to practice in Texas. 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 injured worker is a 59-year-old female with a reported date of injury of 01/08/2013. The mechanism of injury reportedly occurred from repetitive use. The injured worker complained of bilateral hand and thumb pain to include numbness and tingling bilaterally. According to the documentation provided for review, the injured worker had an EMG and nerve conduction study on 07/19/2013. The nerve conduction studies revealed mild slowing of the median sensory of the right wrist. The physical exam revealed right and upper extremity demonstrated full range of motion on the right hand, wrist, forearm, and elbow. According to the clinical note dated 10/23/2013, the injured worker had a positive Tinel's and positive Phalen's test. The Physical Therapy Progress Report dated 10/30/2013, noted the injured worker's pain level was rated at a 6/10. The assessment noted the range of motion was "improved". Physical Therapy Note dated 11/01/2013, noted subjective findings of pain and range of motion were stated as unchanged. According to the clinical note dated 11/20/2013, the injured worker had a negative Tinel's test in the right wrist and negative Phalen's test. The injured worker's diagnoses included right and left carpal tunnel syndrome, right and left 1st carpometacarpal degenerative arthritis. The injured worker's medication regimen included lisinopril, hydrochlorothiazide, Motrin, and omeprazole. The Request for Authorization for preoperative clearance, basic laboratory tests, and right carpal tunnel release was submitted on 01/17/2014. The physician noted that authorization for the above recommended treatments is requested to cure or relieve the patient from the effects of the industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

PREOPERATIVE CLEARANCE: 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 Official Disability Guidelines (ODG) Low Back, Preoperative electrocardiogram & Preoperative lab testing.

Decision rationale: According to the Official Disability Guidelines a preoperative electrocardiogram is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Criteria for preoperative lab testing should be recommended for patients with diagnosed diabetes, A1C testing is recommended only if this result would change perioperative management, or a complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom a significant perioperative blood loss is not dissipated. In addition, coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding and for those taking anticoagulants according to the clinical history. The request as submitted failed to provide the tests to be included in the pre-operative clearance. According to the documentation provided for review, the injured worker had a normal EKG on 09/28/2013. In addition, the injured worker underwent a comprehensive metabolic panel on 10/15/2013, with the results being within normal limits. The request for additional preoperative clearance is unclear. Therefore, the request for preoperative clearance is not medically necessary and appropriate.

BASIC LABORATORY TESTS: 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 Official Disability Guidelines (ODG) Low Back, Preoperative Lab Testing.

Decision rationale: According to the Official Disability Guidelines, the decision to order preoperative tests should be guided by the following: electrolyte and creatinine tests should be performed in patients taking medications that predispose them to electrolyte abnormalities or renal failure; random glucose testing should be performed on patients at high risk of undiagnosed diabetes mellitus. In addition, in patients with diagnosed diabetes, A1C testing is recommended only if the result will change perioperative management. Furthermore, a complete blood count is indicated for patients with diseases that increase the risk of anemia in all patients that have significant perioperative blood losses. According to the documentation provided for review, the injured worker had a comprehensive metabolic panel on 10/14/2013. The lab work was within normal limits. The glucose was 133 with normal being between 65 and 99. There is a lack of documentation related to the increased glucose levels. The rationale for additional lab work is

unclear. The request for basic laboratory tests does not specify the tests that are being requested. Therefore, the request for basic laboratory tests is not medically necessary and appropriate.

RIGHT CARPEL TUNNEL RELEASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, FOREARM, WRIST AND HAND COMPLAINTS, PAGES 270-271

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270, 271.

Decision rationale: The CA MTUS/ACOEM guidelines stated that surgical decompression of the median nerve usually relieves carpal tunnel syndrome symptoms. Patients with the mildest symptoms display the poorest postsurgery results. Patients with moderate or severe carpal tunnel syndrome have better outcomes from surgery than splinting. Carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. According to the clinical note dated 10/23/2013, the injured worker had a positive Tinel's and positive Phalen's test in the right wrist. The documentation dated 12/11/2013 reported a negative Tinel's and Phalen's test in the right wrist. The EMG and nerve conduction studies revealed mild slowing of the median sensory of the right wrist. The guidelines do not recommend carpal tunnel release for injured workers with mild symptoms as they have the poorest post surgery results. The clinical information provided for review presents with conflicting clinical findings; the clinical note dated 10/2013, revealed that the injured worker had positive findings of carpal tunnel syndrome. The clinical findings in 12/2013 noted the injured worker had negative signs of carpal tunnel syndrome. As such, the rationale for the request is unclear. According to the documentation provided, it would appear the injured worker's symptoms have improved. Therefore, the request for right carpal tunnel release is not medically necessary and appropriate.