

<b>Case Number:</b>	CM14-0106618		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/25/2004
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 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 65-year-old female who reported an injury on 08/25/2004. The mechanism of injury involved repetitive lifting. Current diagnoses include cervical degenerative disc bulging, cervical radiculopathy, lumbar degenerative spondylosis, status post right wrist arthroscopy in 2005, status post right median nerve tenosynovectomy in 2006, bilateral carpal tunnel syndrome, chronic pain syndrome, fibromyalgia, severe depression, and ADHD. The latest physician progress report submitted for this review is documented on 09/03/2013. The injured worker presented with complaints of pain over multiple areas of the body. Previous conservative treatment includes physical therapy, multiple medication trials, acupuncture, and massage. The injured worker reported diffuse numbness in the bilateral hands with moderate to severe low back and neck pain. An electrodiagnostic report on 07/18/2013 indicated left carpal tunnel syndrome and cervical radiculopathy. The current medication regimen includes Gabapentin, Cymbalta, Norco, Flexeril, and Valium. Physical examination revealed no acute distress, a normal gait, limited cervical range of motion, negative Spurling's maneuver, normal motor strength in the upper extremities, 2+ deep tendon reflexes, tenderness throughout the cervical spine, positive Phalen's testing, and negative Tinel's testing. Treatment recommendations included continuation of the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-Operative Clearance (Pre-Op), History & Physical (H&P): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation American College of Cardiology/American Heart Association (ACC/AHA) GUIDELINES ON PERIOPERATIVE CARDIOVASCULAR EVALUATION AND CARE FOR NONCARDIAC SURGERY.

**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 Chapter, Preoperative Testing, General.

**Decision rationale:** Official Disability Guidelines state preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. There is no documentation of a significant medical history or any comorbidity that would warrant the need for pre-operative medical clearance. Therefore, the medical necessity has not been established. As such, the request is not medically necessary.

**Post-Operative Physical Therapy 3x8 Left Hand:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state when treating with a splint in carpal tunnel syndrome, scientific evidence supports the efficacy of neutral wrist splints. The patient does maintain a diagnosis of bilateral carpal tunnel syndrome. However, the current request is for a post-operative wrist guard. The specific type of surgical procedure that the injured worker is scheduled to undergo was not provided. Therefore, the current request cannot be determined as medically appropriate at this time.

**Post-Operative Durable Medical Equipment (DME): Wrist Guard:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

**Decision rationale:** California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. The specific type of surgical procedure that the injured worker is scheduled to undergo was not provided. The injured worker is diagnosed with bilateral carpal tunnel syndrome; however the current request would exceed Guideline recommendations for a carpal tunnel release procedure. As such, the request is not medically appropriate.

