

Case Number:	CM14-0012929		
Date Assigned:	02/24/2014	Date of Injury:	01/14/2011
Decision Date:	08/06/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/31/2014

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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for carpal tunnel syndrome reportedly associated with an industrial injury of January 14, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; reported diagnosis with carpal tunnel syndrome of the right hand; opioid therapy; and sleep aids. In a Utilization Review Report dated January 17, 2014, the claims administrator approved a carpal tunnel release surgery, partially certified some laboratory testing, including an EKG, denied a functional capacity evaluation, denied DNA testing, denied urine toxicology testing, and stated that the request for an outpatient surgery center should be deferred to the administrative process. The claims administrator stated that the applicant did have evidence of carpal tunnel syndrome which had proven recalcitrant to an earlier carpal tunnel release surgery of April 18, 2011. It was stated that the applicant had already returned to regular work, effectively obviating the need for functional capacity evaluations. The applicant's attorney subsequently appealed. A July 23, 2013 progress note is notable for comments that the applicant had apparently returned to regular work. The applicant was using Norco for pain relief. A surgery consultation was sought to consider carpal tunnel release surgery. A January 7, 2014 progress note is notable for comments that the applicant had requested to pursue with bilateral carpal tunnel release surgery. Postoperative physical therapy was sought. Hydrocodone-acetaminophen, Lunesta, and a medication panel was sought to evaluate the applicant's renal and hepatic functions. The applicant was described as performing full-duty managerial work. The applicant did apparently have comorbidities which include hypothyroidism, it was stated. The applicant was a 45-year-old plumber, it was stated. On December 10, 2013, the applicant's hand surgeon sought

authorization for an initial functional capacity evaluation, right wrist surgery, Norco, Ambien, DNA testing, and a urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT SURGERY CENTER: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: This is a companion request, seemingly associated with a concurrent request for carpal tunnel release surgery. As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 11, page 70, incomplete depression or recurrence of symptoms can lead to the need for further carpal tunnel release surgery. In this case, the applicant apparently developed recurrence of carpal tunnel syndrome following earlier surgical decompression in 2011. Pursuit of a repeat surgery is indicated. The surgery in question will apparently transpire in an outpatient surgery center. Since the carpal tunnel release surgery is medically necessary, the derivative request for the outpatient surgery center is likewise medically necessary.

PRE-OP LABS, CHEST X-RAY AND EKG: 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 Medscape, Preoperative Testing article.

Decision rationale: The MTUS does not address the topic. As noted in the Medscape Preoperative Testing article, routine preoperative testing of healthy applicants undergoing elective surgery, as is transpiring here, is not recommended. While Medscape does endorse EKG testing in applicants under higher-risk surgeries with some cardiac risk factors, in this case, however, the applicant is 45 years old and has no cardiac history. The applicant has no history of diabetes, hypertension, dyslipidemia, and/or smoking which would bring possible cardiac and/or pulmonary disease into question. It is further noted that Medscape notes that up to 5% of people will have abnormal test results and that, only 0.22% of abnormal test result in fact went on to influence preoperative management. In this case, no rationale for the testing in question has been provided. It is not clearly stated why these diagnostic tests and/or EKG were proposed here. Therefore, the request is not medically necessary.

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL IMPROVEMENT MEASURES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While the MTUS-Adopted ACOEM Guidelines in Chapter 2, page 21 do suggest considering functional capacity testing when necessary to translate functional impairment into restrictions and/or limitations, in this case, however, the applicant has returned to regular work albeit in a managerial role. It is unclear why it is necessary to quantify the applicant's residual impairment via a functional capacity evaluation. It is further noted that the applicant is set to undergo carpal tunnel release surgery, which is likely to reduce the applicant's impairment further. A functional capacity evaluation is therefore superfluous, for all of the stated reasons. Therefore, the request is not medically necessary.

DNA TESTING: 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 Cytokine DNA Testing for Pain topic Page(s): 42.

Decision rationale: As noted on page 42 of the MTUS Chronic Pain Medical Treatment Guidelines, DNA testing for pain is "not recommended" as there is no current evidence to support usage of said DNA testing in the diagnosis and/or treatment of chronic pain, as is apparently present here. In this case, the attending provider did not proffer any compelling applicant-specific rationale, narrative commentary, or medical evidence which would offset the unfavorable MTUS recommendation. Therefore, the request is not medically necessary.

URINE DRUG TOXICOLOGY TESTING: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines ODG, Chronic Pain Chapter, Urine Drug Testing topic.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain context, the MTUS does not furnish specific parameters for or identify a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter, Urine Drug Testing topic, an attending provider should clearly state when the applicant was last tested, state which drug tests and/or drug panels he intends to test for, and attach an applicant's complete medication list to the request for authorization for testing. In this case, however, none of the aforementioned criteria were met. The applicant's

complete medication list was not attached to several recent progress notes. It is not clearly stated what drug tests and/or drug panels were being sought here. Finally, it was not stated when the applicant was last tested. Therefore, the request is not medically necessary.