

Case Number:	CM14-0152531		
Date Assigned:	09/22/2014	Date of Injury:	05/25/2012
Decision Date:	12/03/2014	UR Denial Date:	09/01/2014
Priority:	Standard	Application Received:	09/18/2014

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 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:

This 57-year-old female machine operator sustained an industrial injury on 5/25/12. Injury occurred when a machine unexpectedly punched by itself and severely crushed her left middle finger. She underwent partial amputation of her left middle finger on 5/30/12. Additional injuries were reported to the left index finger, left hand, and neck. The 8/25/12 bilateral upper extremity electrodiagnostic study was consistent with moderate bilateral carpal tunnel syndrome and left cubital tunnel syndrome. The 7/25/14 progress report cited grade 6/10 cervical spine and grade 4-5/10 left wrist/hand pain. Pain increased with repetitive and forceful activity. Physical exam documented height 5'4", weight 180 pounds, left thenar and carpal tenderness, and positive left Tinel's and Phalen's tests. The diagnosis included cervical disc protrusion with neuroforaminal narrowing, left carpal tunnel syndrome, status post left 3rd digit partial amputation, and anxiety/depression. The treatment plan included acupuncture two times per week for four weeks, psychological follow-up, medications, and modified work. The 8/12/14 treating physician report documented exam findings of grade 4/5 to 5/5 upper extremity strength and positive Phalen's and Tinel's signs. The treatment plan requested left carpal tunnel release. The 9/1/14 utilization review approved a request for left carpal tunnel release and post-operative arm sling. The request for 12 post-operative physical therapy sessions was modified to 8 visits consistent with Post-Surgical Treatment Guidelines. The request for internal medicine clearance was denied as there was no documentation of significant medical comorbidities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical clearance to internal medicine: Overturned

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: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met. Calculated body mass index is 31. Middle-aged females and large habitus individuals have known occult increased medical and cardiac risk factors. Given these clinical indications, this request is medically necessary.

Post operative physical therapy 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for carpal tunnel release suggest a general course of 3 to 8 post-operative visits over 3-5 weeks during the 3-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 9/1/14 utilization review recommended partial certification of 8 post-operative physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of care beyond guideline general course recommendations and the care that is already certified. Therefore, this request is not medically necessary.