

<b>Case Number:</b>	CM14-0172202		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	10/24/2012
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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:

According to the records made available for review, this is a 66-year-old female with a 10/24/12 date of injury. At the time (8/22/14) of request for authorization for associated surgical service: pre-operative labs, EKG, and physical; associated surgical service: post-operative physical therapy, quantity 12; and Keflex 500mg #28, there was documentation of subjective complaints of right wrist/hand pain. Objective findings include positive Tinel's sign, positive Phalen's test, and diminished sensation in the median nerve distribution. The current diagnoses includes right carpal tunnel syndrome. Treatment to date includes medications, physical therapy, home exercise program, and activity modification. Medical reports identify a pending right carpal tunnel release surgery that is authorized/certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: pre-operative labs, EKG, and physical:** 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) - Treatment in Workers Compensation (TWC), Low Back Procedure Summary, updated 08/22/2014

**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 Lab Testing

**Decision rationale:** MTUS does not address this issue. Official Disability Guidelines (ODG) identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of a diagnosis of right carpal tunnel syndrome. In addition, there is documentation of a right carpal tunnel release surgery that is authorized /certified. However, given no documentation of significant medical issues, there is no documentation of a rationale identifying the medical necessity of the requested associated surgical service: pre-operative labs, EKG, and physical for right carpal tunnel release. Based on guidelines and a review of the evidence, the request for associated surgical service pre-operative labs, EKG, and physical are not medically necessary.

**Associated surgical service: Post-operative physical therapy, quantity 12:** 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): 15-16.

**Decision rationale:** MTUS Postsurgical Treatment Guidelines identifies up to 8 visits of post-operative physical therapy over 5 weeks and post-surgical physical medicine treatment period of up to 3 months. In addition, MTUS postsurgical treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. Within the medical information available for review, there is documentation of a diagnosis of right carpal tunnel syndrome. In addition, there is documentation of a right carpal tunnel release surgery that is authorized /certified. However, the requested post-operative physical therapy, quantity 12 exceeds guidelines. Based on guidelines and a review of the evidence, the request for associated surgical service post-operative physical therapy, quantity 12 is not medically necessary.

**Keflex 500mg #28:** 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/dosage/cephalexin.html>

**Decision rationale:** MTUS and Official Disability Guidelines (ODG) do not address this issue. Medical Treatment Guideline supports 2g single dose of Keflex one hour before a procedure for prophylaxis. Within the medical information available for review, there is documentation of a diagnosis of right carpal tunnel syndrome. However, despite documentation of a right carpal tunnel release surgery that is authorized /certified, the requested Keflex 500mg #28 exceeds guidelines. Based on guidelines and a review of the evidence, the request for Keflex 500mg #28 is not medically necessary.