

Case Number:	CM14-0175855		
Date Assigned:	10/29/2014	Date of Injury:	05/31/2011
Decision Date:	12/05/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/23/2014

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 Orthopaedic 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 51-year-old female welder and assembler sustained an industrial injury on 5//31/11. The mechanism of injury was not documented. Past medical history was reported as non-contributory. Records documented the on-going use of non-steroidal anti-inflammatory drugs since 6/1/11. Past surgical history was positive for right elbow ulnar nerve decompression and medial epicondylectomy in April 2014. The 7/17/14 bilateral upper extremity diagnostic study findings documented moderate left carpal tunnel syndrome and mild right ulnar nerve compression at the elbow and Guyon's canal. The 10/1/14 treating physician report cited left hand numbness and tingling in the median nerve distribution with slight numbness and tingling in the right little and ring fingers improved since surgery. The patient had partial temporary relief of symptoms following the 9/3/14 left carpal tunnel injection, but symptoms had returned. Left wrist exam documented positive Tinel's and Phalen's with full range of motion and intact motor function and sensation. The patient had failed conservative treatment including at least 2 months of bracing, activity modification, and injection. The treatment plan requested authorization for left endoscopic carpal tunnel release. Medications were dispensed including Voltaren, Protonix, and Ultram. The 10/08/14 utilization review certified a request for left carpal tunnel release. The request for 12 visits of post-op occupational therapy was modified to 8 visits consistent with post-surgical treatment guidelines. The request for pre-operative clearance was modified and approved for a complete blood count and history and physical as there was no past medical history of cardiovascular disease, hypertension, diabetes, liver disease, anti-coagulant use, or asthma to support the remainder of the requested tests. The request for Keflex 500 mg #28 was denied as the use of Keflex in a carpal tunnel release is not supported as the standard of care for pre/post-op use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative occupational therapy, quantity 12: 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 10/8/14 utilization review modified the request for 12 post-op occupational therapy sessions to 8 sessions consistent with the recommended general course of post-op therapy. There is no compelling reason to support the medical necessity of care beyond the therapy currently approved and in excess of guideline recommendations. Therefore, this request is not medically necessary.

Pre-operative clearance CBC/H&P/PT/PTT/INR/CXR/EKG: Overturned

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 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; ACR Appropriateness Criteria® routine admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011. 6 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Routine pre-operative chest radiographs are typically not recommended except when acute cardiopulmonary disease is suspected on the basis of history and physical examination. Guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have been met. Middle-aged females have known occult increased medical and cardiopulmonary risk factors. The long-term use of non-steroidal anti-inflammatory drugs is noted with a plausible increase in associated perioperative bleeding. Therefore, this request is medically necessary.

Keflex 500mg #28: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sanford Guide to Antimicrobial Therapy 2013, 43rd Edition Authors: Gilbert, David MD, Moellering, Jr. Robert MD, Eliopoulos, George MD, Chambers, Henry MD, Saag, Michael MD. Pages 192-196 Table 15B

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: Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm. 2013 Feb 1;70(3):195-283

Decision rationale: The California MTUS and Official Disability Guidelines do not provide guidance for post-operative antibiotics. The National Guideline Clearinghouse was searched. Clinical practice guidelines state that antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials. Guideline criteria have not been met. An endoscopic carpal tunnel release is planned which does not meet guideline recommendations for prophylactic antibiotic use. There is no compelling reason to support this request in the absence of guideline support. Therefore, this request is not medically necessary.