

Case Number:	CM14-0040128		
Date Assigned:	06/27/2014	Date of Injury:	01/10/2012
Decision Date:	07/29/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/05/2014

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 51-year-old female receptionist sustained an industrial injury relative to repetitive job tasks; her date of injury is 1/10/12. The 10/24/13 EMG/NCV revealed mild carpal tunnel syndrome, right worse than left. Conservative treatment included medications, splints, injections, home exercise, and activity modification. The 2/14/14 treating physician report cited constant bilateral hand and wrist pain, numbness and tingling. Functional difficulty was documented with activities of daily living. Physical exam documented positive bilateral Tinel's, Phalen's, and direct compression tests. There was no thenar atrophy. There was crepitus at the A1 pulley of all digits bilaterally, except for the thumbs. There was pisiform tenderness on the right. The treatment plan included open carpal tunnel release on the right and a cortisone injection on the left. The 3/7/14 utilization review denied the request for bilateral open carpal tunnel release and associated services based on no information regarding the patient's involvement in formal therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral open carpal tunnel release (right then left): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation ODG, Low back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS guidelines do not provide recommendations for carpal tunnel release surgery for chronic injuries. The Official Disability Guidelines for carpal tunnel release typically require symptoms and exam findings consistent with carpal tunnel syndrome, and initial conservative treatment including three of the following: activity modification, night wrist splint, non-prescription analgesia, home exercise training, and/or successful corticosteroid injection trial. Positive electrodiagnostic evidence of carpal tunnel syndrome is required. Guideline criteria have been met. Guideline-recommended conservative treatment has been tried and failed. Clinical exam findings are positive for carpal tunnel syndrome and consistent with the electrodiagnostic study. Therefore, this request is medically necessary.

Post-op occupational therapy two (2) times weekly for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation ODG, Low Back.

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. An initial course of therapy would be supported for one-half the general course or 4 visits. 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 request for post-op occupational therapy for 12 visits exceeds guideline recommendations. There is no compelling reason to support the medical necessity of care beyond guidelines. Therefore, this request is not medically necessary.

Pre-op blood work with ptp: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation ODG, Low back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for pre-anesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Pre-anesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this pre-operative lab testing. 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. Guideline criteria have not been met. A generic request for non-specific pre-operative blood work is under consideration. There is no documentation in the file relative to the type of testing intended or specific indications that would support any laboratory tests for this patient. Therefore, this request is not medically necessary.