MAXIMUS Federal Services

Case Number:	CM14-0047486		
Date Assigned:	07/02/2014	Date of Injury:	12/10/2008
Decision Date:	08/01/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/15/2014

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 58-year-old female pediatric physical therapist sustained an industrial injury on 12/10/08, relative to a lifting a child. The 10/22/13 nerve conduction study showed severe carpal tunnel syndrome. The 3/5/14 treating physician request documented positive nerve conduction studies for bilateral carpal tunnel syndrome, extensive conservative treatment, splinting, and medications. The condition was reported severe with motor and sensory involvement. The treating physician requested open left carpal tunnel release. The request for pre-operative H and P with medical clearance was modified to include pre-operative H and P with medical clearance to include complete blood count, comprehensive metabolic panel, urine analysis. The PT/PTT and EKG which would be age-appropriate. The request for 12 post-operative occupational therapy sessions was modified to 8 sessions. The request for post-operative splinting was denied as there was no guideline support for the use of splints after surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative H&P with medical clearance.: 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: Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. The evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Therefore, this request for pre-operative H and P with medical clearance is not medically necessary.

Post operative occupational therapy 12 visits.: 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: 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 post-surgical physical medicine period. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request for 12 post-operative occupational therapy visits is not medically necessary.

Post-operative splinting.: 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 Official Disability Guidelines (ODG) Carpal tunnel syndrome, Splinting.

Decision rationale: The California MTUS do not provide recommendations for chronic conditions. The ODG state that maintained splinting of the wrist following carpal tunnel release may be largely detrimental. Given the absence of guideline support, this request for post-operative splinting is not medically necessary.