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| Case Number: | CM14-0096080 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 02/28/2014 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 06/05/2014 |
| Priority: | Standard | Application Received: | 06/24/2014 |

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:

The claimant is a 56-year-old female injured on 02/28/14. The clinical records provided for review document a diagnosis of left carpal tunnel syndrome. The 05/29/14 progress report describes continued complaints of numbness and tingling in the left upper extremity. Examination reveals positive Tinel's testing and carpal compression testing. Electrodiagnostic studies reviewed from 04/09/14 reveal bilateral median neuropathy at the wrist consistent with carpal tunnel syndrome. Records indicate this individual has failed conservative care including work restrictions, medication management and ergonomic evaluation. The recommendation is made for left carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left open carpal tunnel release: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265,270.

Decision rationale: Based on California MTUS ACOEM Guidelines, a carpal tunnel release procedure would be indicated. This individual has positive electrodiagnostic studies with concordant findings on examination and has failed conservative measures. The role of surgical process would be supported. The request is medically necessary.

Pre-operative Labs: Basic Metabolic Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Report by the American Society of Anesthesiologists Task Force on Pre-anesthesia Evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM); Chapter 7 Independent Medical Examinations and Consultations, page 127 Introduction.

Decision rationale: Based on California MTUS ACOEM Guidelines, preoperative lab testing would not be indicated. Presently, there is no documentation of any underlying co-morbidities or significant past medical history to warrant preoperative assessment in this individual undergoing carpal tunnel release procedure. Without documentation of medical history of comorbidities, the request is not medically necessary.

Pre-operative Labs: HB A1c:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Report by the American Society of Anesthesiologists Task Force on Pre-anesthesia Evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM); Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California MTUS ACOEM Guidelines, preoperative lab testing would not be indicated. Presently, there is no documentation of any underlying co-morbidities or significant past medical history to warrant preoperative assessment in this individual undergoing carpal tunnel release procedure. Without documentation of medical history of co morbidities, the request is not medically necessary.

Post operative Physical Therapy 2 x 2 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS ACOEM Postsurgical Rehabilitative Guidelines would not support two months of physical therapy. Following surgical release of the carpal tunnel, the Post Surgical Guidelines recommend 3 to 8 visits of physical therapy. There would presently be no indication for the role of therapy for a two month period of time following the surgical process in question. The specific request is not medically necessary.

Hydrocodone 5 / 325 #30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter;.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone,; Opioids: Criteria for Use Page(s): 91; 76-80.

Decision rationale: California MTUS Chronic Pain Guidelines would support 30 tablets of Hydrocodone. This individual is to undergo open surgical carpal tunnel release. The use of this agent for postoperative medication management for pain control would be indicated in the acute post surgical setting. The request is medically necessary.