

Case Number:	CM14-0206560		
Date Assigned:	12/18/2014	Date of Injury:	05/12/2009
Decision Date:	02/06/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/10/2014

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 Emergency Medicine, 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:

Patient with reported date of injury on 5/2/2009. Patient is post cervical spine surgery on 1/2012. Patient has a diagnosis of bilateral carpal tunnel syndrome and de Quervain's tenosynovitis. Medical reports reviewed. Last report available until 10/24/14. Since this is a retrospective request, only information available to the provider at the time of service will be reviewed for criteria to determine medical necessity. Patient had surgery done for bilateral hand numbness with history and physical exam consistent with carpal tunnel syndrome and de Quervain's tenosynovitis. Pre-operative blood testing done on 10/21/14 from CBC, HgbA1c, coagulation testing and Chem14 panel is benign with minimal non-significant variation. Patient has no medical problems except for injuries. Medications include Norco, Motrin, Xanax, Zyrtec, Omeprazole and Sertraline. Objective exams were reviewed but are not related to need for internal medical clearance. Patient had surgery done on 10/24/14. Independent Medical Review is for "Pre-Op evaluation with internal medicine physician for surgery (bilateral carpal tunnel with right de Quervain's tenosynovitis)." (Retrospective). Prior Utilization Review on 11/11/14 recommended certification of surgery, pain medication, post-operative physical therapy and approved partial certification for lab testing only for pre-operative evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review: Pre-op evaluation with an internal medicine physician (bilateral carpal tunnel with right De Quervain's tenosynovitis): 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 for Workers' Compensation (TWC), Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 92, Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's illness and function beyond their capability. Patient does not have any listed significant co-morbidities leading to concern for operative complications. Provider has not documented any justification for a need for pre-operative clearance that cannot be done or managed by an anesthesiology. Pre-operative evaluation/clearance by internal medicine is not medically necessary.