

Case Number:	CM15-0005919		
Date Assigned:	01/20/2015	Date of Injury:	05/13/2003
Decision Date:	03/16/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic Surgery

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 injured worker is a 38 year old male, who sustained an industrial injury on 5/13/2003. He was status post arthroscopic left knee surgery 12/10/2003, status post left shoulder repair 5/2013, left carpal tunnel surgery/left ulnar nerve neurolysis and submuscular transposition 7/10/14. Currently, the IW complains of right elbow pain. Physical examination 10/2/2014 documented increased right sided symptoms, including second, third, and fourth digits of the right hand. Provocative test on right side were positive including phalen's, Tinel' s and carpal tunnel compression. Electromyogram results documented as positive for carpal tunnel syndrome in January 2014, and discussion was for right side carpal tunnel surgery. On 12/31/2014 Utilization Review non-certified a medical clearance with [REDACTED] and modified certification for Occupational therapy post-operative to three visits, noting additional occupational therapy require observation of functional improvement. The MTUS Guidelines were cited. The patient's age and negative medical status without evidence of underlying pathology or co-morbid conditions does not support an outside consultation with a medical specialist. On 1/12/2015, the injured worker submitted an application for IMR for review of medical clearance with [REDACTED] and 20 post-operative occupational therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medical clearance with [REDACTED] Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back pain, preoperative testing, general

Decision rationale: The patient is a 38 year old male who was certified for carpal tunnel release. A medical clearance was requested. The patient is noted to have a possible history of ulcers, 'noting that he had some bloody stools when he was on narcotics.' Previous medication history includes ranitidine and tramadol. Previous diagnosis has included hypercholesterolemia and on examination is noted to have a BMI in the obese range. Previous ALT level was elevated above the normal range. From ODG, 'An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings.' Thus, a pre-operative medical evaluation/clearance can help to identify any cause for laboratory or other testing, which is consistent with ODG. With respect to the reason for denial, the medical records provided in this review do establish that there may be co-morbidities that may need further evaluation. The patient is noted to have a history of possible ulcers, GI bleed, hypercholesterolemia and obesity. Thus, it is medically necessary to have a history and physical examination to determine if there is a need for further testing.

20 post-operative occupational therapy visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Medical Fee Schedule: Post-Operative Occupational Therapy

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: A request was made for 20 post-operative occupational therapy visits following carpal tunnel syndrome. This is clearly outside of the guidelines established as shown below: Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks* Postsurgical physical medicine treatment period: 3 months Postsurgical treatment (open): 3-8 visits over 3-5 weeks* Postsurgical physical medicine treatment period: 3 months.