

Case Number:	CM15-0100735		
Date Assigned:	06/03/2015	Date of Injury:	10/13/2009
Decision Date:	07/09/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/26/2015

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: California, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic 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 57-year-old male, who sustained an industrial injury on October 13, 2009. He reported left wrist pain that began when he was helping a client out of a car and then fell onto his outstretched hand. The injured worker was diagnosed as having carpal tunnel syndrome, spinal stenosis of the lumbar region without neurogenic claudication, osteoarthritis, localized, primary, involving the hand, pain in joint involving the hand, and sciatica. Treatment to date has included electromyography (EMG)/nerve conduction velocity (NCV), MRI, hand therapy, cortisone injections, bracing, and medication. Currently, the injured worker complains of left wrist pain. The Primary Treating Physician's report dated May 1, 2015, noted the injured worker reported numbness and tingling intermittently in digits 2 through 5. Physical examination was noted to show the lunar wrist with mild tenderness at the TFCC and tenderness of the ECU and tenderness to palpation of the 1st CMC with a positive grind test. The neurological hand examination was noted to show subjective decreased sensation in all digits of the left hand. The Physician's impression was that the injured worker had lumbago, sciatica, and left hip pain. The treatment plan was noted to include the request for authorization for left open carpal tunnel release surgery, post-operative hand therapy, and clearance, labs, and an EKG. The work status was noted as no lifting over 10 pounds and no repetitive wrist motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Op Lab Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, "These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status." Preoperative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. CBC is recommended for surgeries with large anticipated blood loss. Creatinine is recommended for patient with renal failure. Electrocardiography is recommended for patients undergoing high-risk surgery and that undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 57 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the determination is not medically necessary.

Pre-Op EKG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, "These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status." Preoperative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. CBC is recommended for

surgeries with large anticipated blood loss. Creatinine is recommended for patient with renal failure. Electrocardiography is recommended for patients undergoing high-risk surgery and that undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 57 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed carpal tunnel release. Therefore, the request is not medically necessary.

Post-Op Hand Therapy 12 Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, page 16, 3-8 visits over a 3-month period is authorized. Half the visits are initially recommended followed by a re-evaluation. In this case, the request exceeds the guideline amount and is therefore, not medically necessary.