

<b>Case Number:</b>	CM15-0015974		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	05/13/2012
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: New York  
 Certification(s)/Specialty: Neurological 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:

This 44 year old female reported a work related injury on May 13, 2012 incurring pain and numbness of the wrists and fingers and weakness of the hands from repetitive injury. Treatment included anti-inflammatory medications, injections with short term relief and physical therapy. She complained of burning, throbbing, aching and tingling of the hands. Electromyogram studies were unremarkable. Diagnoses were bilateral carpal tunnel and neuropathy of the ulna nerve. Currently, the injured worker complained of continuous right elbow pain, right wrist and hand pain and discomfort. On December 31, 2014, a request for medical clearance was non-certified and a request for post operative therapy two times a week for 10 weeks was modified to 8 sessions of postoperative therapy, by Utilization Review, noting the California Medical Treatment Utilization Schedule.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA (American College of Cardiology/American Heart Association), 2007 Guidelines on Peri-operative Cardiovascular

Evaluation and Care for Non Cardiac Surgery  
(<http://circ.ahajournals.org/cgi/content/full/116/17e418>).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative electrocardiogram,lab testing, in general.

**Decision rationale:** The ODG guidelines indicate that referral to a specialist would be appropriate if preoperative tests are abnormal and will direct a modified approach preoperatively. Documentation is not provided about this patient to indicate this possibility. Documentation about comorbidities and the patient's clinical history and physical examination also does not provide evidence medical clearance is indicated. Thus, the requested treatment: Associated surgical service: Medical clearance is not medically necessary and appropriate.

**Post-operative therapy 2 times a week for 10 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical 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) Carpal Tunnel Chapter-Physical Medicine treatment-post-surgical.

**Decision rationale:** According to the ODG guidelines physical therapy sessions 3-8 visits for 3-5 weeks is recommended following a carpal tunnel release. The requested treatment: Post-operative therapy 2 times a week for 10 weeks is double the length of time that is advised in the ODG guidelines. Documentation does not contain evidence of contributing factors to support this length of time. Thus the requested treatment: Post-operative e therapy 2 times a week for 10 weeks is not medically necessary and appropriate.