

<b>Case Number:</b>	CM15-0130140		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	03/17/2004
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58-year-old female sustained an industrial injury on 3/17/04. She subsequently reported upper extremity pain. Diagnoses include status post right shoulder arthroscopy and left wrist tendinitis, carpal tunnel syndrome. Treatments to date include MRI testing, surgery, physical therapy and prescription pain medications. The injured worker continues to experience decreased left upper extremity numbness and tingling. Upon examination, there was tenderness to palpation over the flexor and extensor tendons. Tinel's sign is positive. Phalen's test is positive. Left wrist range of motion is reduced. A request for One (1) pre op clearance and Twelve (12) sessions of post-op physical therapy was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) pre op clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Chapter, Preoperative testing, general.

**Decision rationale:** The patient presents with moderate left upper extremity pain rated 4/10. The request is for one (1) pre op clearance. The request for authorization is not provided. Patient's medications include Ultram and Prilosec. Per progress report dated 05/26/15, the patient is temporarily totally disabled. ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Preoperative testing, general: See Preoperative electrocardiogram (ECG); & Preoperative lab testing. Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. 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. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography." Per progress report dated 05/25/15, treater's reason for the request is "The patient will continue to need pre-operative clearance with [REDACTED] is order to proceed." In this case, the patient is authorized for left carpal tunnel release surgery. And ODG guidelines support pre-operative medical clearance. However, the treater does not discuss the patient's risk assessment nor explain what evaluations are to be included as part of the pre-operative medical clearance. Therefore, given the lack of documentation, the request IS NOT medically necessary.

**Twelve (12) sessions of post-op physical therapy: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

**Decision rationale:** The patient presents with moderate left upper extremity pain rated 4/10. The request is for twelve (12) sessions of post-op physical therapy. The request for authorization is not provided. Patient's medications include Ultram and Prilosec. Per progress report dated 05/26/15, the patient is temporarily totally disabled. For Carpal Tunnel Syndrome, MTUS post-surgical guidelines page 15 allows for 3-8 sessions over 3-5 weeks. Treater does not discuss the request. Per UR letter dated 06/18/15, reviewer states, "The prospective request for 1 left carpal tunnel release extension of previously authorized surgery between 5/26/2015 and 8/15/2015 is certified." MTUS recommends up to 8 sessions of physical therapy for post-surgical carpal tunnel syndrome. In the case, the request for 12 sessions of post-op physical therapy exceeds what is recommended by MTUS guidelines. Therefore, the request IS NOT medically necessary.

