

Case Number:	CM15-0130373		
Date Assigned:	07/16/2015	Date of Injury:	07/31/2014
Decision Date:	10/06/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/07/2015

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 57-year-old female who reported an industrial injury on 7/31/2014 resulting in left hand pain and numbness radiating to the left shoulder. She was diagnosed with carpal tunnel syndrome and cervical radiculopathy. Treatment has included ice, physical therapy, acupuncture, and splinting, with report of only temporary relief of symptoms. Use of pain medication is not documented. The injured worker continues to present with radiating pain and numbness. The treating physician's plan of care includes Left fasciotomy and custom orthosis. She was placed on modified duty 1/27/2015. Electrodiagnostic studies from 1/5/15 note evidence of 'moderately severe median neuropathy at the level of the wrist, left greater than right with axonal involvement. Documentation from hand surgery dated 3/25/15 notes the patient has a history of Diabetes Mellitus and is taking Metformin and Glucophage. The patient is documented to have signs and symptoms of carpal tunnel syndrome, with positive Phalen's, Tinel's and carpal compression test. Examination notes full range of motion of fingers, thumbs and wrists. Recommendation was made for left carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Fasciotomy: 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), Dupuytren's release (fasciectomy or fasciotomy).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The patient is a 57-year-old female with signs and symptoms of left carpal tunnel syndrome that has failed conservative management and noted to be severe on electrodiagnostic studies. A left carpal tunnel release had been certified. In addition, the surgeon had requested left fasciotomy. There has not been sufficient justification for the need for a fasciotomy in addition to the carpal tunnel release. The patient is documented to have full range of motion of the fingers and wrist and there is no documentation to suggest a Dupuytren's contracture or compartment syndrome that would warrant a fasciotomy. It is unclear why a fasciotomy was requested and exactly where anatomically this would be performed. Therefore, it should not be considered medically necessary. From ACOEM, Chapter 11, page 270, Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature; Fail to respond to conservative management, including work site modifications; Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. As a diagnosis to suggest the need for a fasciotomy has not been confirmed in the medical documentation, fasciotomy is not medically necessary.

Pre-operative CBC: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative Testing - Author. Gyanendra K Sharma, MD, FACP, FACC, FASE; Chief Editor: William A Schwer, MD.

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 pain, Preoperative testing, general.

Decision rationale: As a left carpal tunnel release was considered medically necessary, some laboratory testing may be necessary, especially considering the patient has a history of Diabetes Mellitus. However, given the patient was certified for a preoperative history and physical, further laboratory testing can be based on these findings, as recommended by ODG. From ODG guidelines and as general anesthesia is likely to be performed, preoperative testing should be as follows: An alternative to routine preoperative testing for the purposes 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, as the history and physical was certified, this can be used to drive further laboratory testing based on the history and physical exam findings. Therefore, the request for Pre-operative CBC is medically necessary.

Pre-operative CMP: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative Testing - Author. Gyanendra K Sharma, MD, FACP, FACC, FASE; Chief Editor: William A Schwer, MD.

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 pain, Preoperative testing, general.

Decision rationale: As a left carpal tunnel release was considered medically necessary, some laboratory testing may be necessary, especially considering the patient has a history of Diabetes Mellitus. However, given the patient was certified for a preoperative history and physical, further laboratory testing can be based on these findings, as recommended by ODG. From ODG guidelines and as general anesthesia is likely to be performed, preoperative testing should be as follows: An alternative to routine preoperative testing for the purposes 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, as the history and physical was certified, this can be used to drive further laboratory testing based on the history and physical exam findings. Therefore, the request for Pre-operative CMP is medically necessary.

Associated surgical service: Custom Orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: A left carpal tunnel release was considered medically necessary and a request was made for a custom orthosis. From ACOEM, page 270, Chapter 11, postoperative splinting is addressed. Two prospective randomized studies show no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. In fact, splinting the wrist beyond 48 hours following CTS release may be largely detrimental, especially compared to a home therapy program. Therefore, a custom orthosis would not be consistent with these guidelines and should not be considered medically necessary.