

Case Number:	CM15-0130429		
Date Assigned:	07/16/2015	Date of Injury:	12/13/2011
Decision Date:	08/24/2015	UR Denial Date:	06/18/2015
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: California

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

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 (IW) is a 49 year old female who sustained an industrial injury on 12/13/2011. She reported increasing pain in the left shoulder, left thumb pain and triggering, and difficulty sleeping. The injured worker was diagnosed as having: 1. Left shoulder impingement syndrome, 2. Left trigger thumb, 3. Status post right carpal tunnel release, trigger thumb release; deQuervain's release; 4. Status post left carpal tunnel release, deQuervain's release. Treatment to date has included right carpal tunnel release with trigger thumb release. Currently, the injured worker complains of decreased range of motion of the left shoulder; positive impingement sign left shoulder; weakness to left shoulder abduction and external rotation; and tenderness to left thumb A1 pulley with triggering of the left thumb. A request for authorization is made for the following: 1. Left Trigger Thumb Release 2. Pre-operative Clearance 3. Post-operative Physical Therapy x12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative Clearance: 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), Low Back, Preoperative testing, general; preoperative electrocardiogram (ECG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Non-cardiac Surgery: Guidelines and Recommendations MOLLY A. FEELY, MD; C. SCOTT COLLINS, MD; PAUL R. DANIELS, MD; ESAYAS B. KEBEDE, MD; AMINAH JATOI, MD; and KAREN F. MAUCK, MD, MSc, Mayo Clinic, Rochester, Minnesota Am Fam Physician. 2013 Mar 15; 87 (6): 414-418.

Decision rationale: An extensive systematic review referenced above concluded that there was no evidence to support routine preoperative testing. More recent practice guidelines recommend testing in select patients guided by a perioperative risk assessment based on pertinent clinical history and examination findings, although this recommendation is based primarily on expert opinion or low-level evidence. In this case, there is no documented medical history to support the need for the requested evaluation; rather, records indicate the injured worker has undergone multiple surgical procedures without medical or anesthetic complications. Therefore, the request is not medically necessary.

Post-operative Physical Therapy x12v: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 22.

Decision rationale: The California MTUS supports 9 therapy sessions over 8 weeks after trigger finger surgery. An initial course of therapy is defined as one half the maximal number of visits. Additional therapy sessions up to the maximum allowed is appropriate only if there is documented functional improvement defined as clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment (page 1). The requested 12 sessions exceeds guidelines. The request is not medically necessary.