Case Number:	CM15-0134765		
Date Assigned:	07/17/2015	Date of Injury:	05/07/2013
Decision Date:	08/17/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/13/2015

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 43 year old male, who sustained an industrial injury on May 7, 2013, incurring neck, and back and upper extremity injuries from repetitive job duties. He was diagnosed with cervical, thoracic and lumbar sprain, right shoulder impingement syndrome and right carpal tunnel syndrome. Treatment included physical therapy, muscle relaxants, cortisone injections, hot packs, topical analgesic lotion, Electromyography studies revealing carpal tunnel, and work restrictions. Currently, the injured worker complained of neck pain, upper and lower back pain, left shoulder, right hand and wrist and left wrist pain. He developed numbness and tingling in his right hand. Pain is increased with reaching, lifting, pushing and pulling. The treatment plan that was requested for authorization included right carpal tunnel release, orthopedic consultation for follow up, Magnetic Resonance Imaging of the left wrist; physical therapy, sleep study consultation, internal medical consultation, and pain medicine consultation for follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation for follow-up visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 79 & 127.

Decision rationale: According to the CA MTUS/ACOEM, page 79, under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. Per the CA MTUS ACOEM 2004, Chapter 3, page 127 states the practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the records cited do not demonstrate any objective evidence or failure of conservative care to warrant a specialist referral. No red flag symptoms are presented to warrant referral. Therefore the request is not medically necessary.

Right carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to evaluate for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. The Official Disability Guidelines were also referenced for more specific recommendations. According to the Official Disability Guidelines regarding surgery for carpal tunnel syndrome, recommended after an accurate diagnosis of moderate or severe CTS. Surgery is not generally initially indicated for mild CTS unless symptoms persist after conservative treatment. Severe CTS requires all of the following: Muscle atrophy, severe weakness of thenar muscles, 2-point discrimination test greater than 6 mm and positive electrodiagnostic testing. Not severe CTS requires all the following: Symptoms of pain, numbness, paresthesia, impaired dexterity requiring two of the following: Abnormal Katz hand diagram scores, nocturnal symptoms, Flick sign (shaking hand); findings by physical exam, requiring two of the following including compression test, Semmes-Weinstein monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, mild thenar weakness, (thumb adduction); comorbidities of no current pregnancy; initial conservative treatment requiring three of the following: Activity modification greater than or equal to one month, night wrist splint greater than or equal to one month, nonprescription analgesia (i.e. acetaminophen), home exercise training (provided by physician, healthcare provider or therapist) or successful initial outcome from corticosteroid injection trial (optional) and positive electrodiagnostic testing. In this case there is insufficient evidence of carpal tunnel syndrome and failure of conservative management as stated above. There is insufficient evidence of abnormal hand diagram scores, nocturnal symptoms, decreased two point discrimination or thenar weakness to warrant surgery. Therefore the request is not medically necessary.

MRI of left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

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

Decision rationale: CA MTUS/ACOEM Chapter 11, Forearm, Wrist and Hand Complaints, page 269, states that wrist/hand imaging may be appropriate; imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. Official Disability Guidelines Forearm, Wrist and Hand state MRI of the wrist is indicated for acute hand or wrist trauma or to evaluate for suspected acute scaphoid fracture, gamekeeper injury, soft tissue tumor or to evaluate for Kienbocks's disease. In this case, there is no indication that a suspicion for acute fracture or the other recommended conditions for MRI exists. Based on this, the request is not medically necessary.

Physical therapy 1 x wk x 6 wks: 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) carpal tunnel.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Sleep study consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter13th (web 2015).

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

Decision rationale: CA MTUS does not specifically address polysomongram/sleep study, therefore the Official Disability Guidelines (ODG) were utilized. ODG, Pain section, Polysomongram, states that criteria for polysomnography include excessive daytime somnolence: history of cataplexy; morning headache; intellectual deterioration; personality change; or increase in the insomnia complaint for 6 weeks unresponsive to behavior intervention and sedative promoting medications. In this case, there is lack of evidence from the exam notes of significant sleep disturbance to warrant a sleep study. Based on this the request is not medically necessary.

Internal medicine consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

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 43 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore the request is not medically necessary.

Pain Medicine Consult for follow-up: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medical management Page(s): 5-7.

Decision rationale: CA MTUS/ACOEM chronic pain management guidelines, page 7 states that a patient directed self-care model is the most realistic way to manage chronic pain. It is also stated that for long duration of intractable pain, referral to a multidiscipline program can be considered. In this case the pain can be controlled by medications and the severity and duration of the pain do not necessitate the referral to a multidisciplinary pain management team. The request is not medically necessary.