

Case Number:	CM15-0139182		
Date Assigned:	07/29/2015	Date of Injury:	10/18/2013
Decision Date:	08/31/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/20/2015

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, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 49-year-old female, who sustained an industrial injury on 10-18-2013. The injured worker was diagnosed as having deteriorating median nerve function of both upper extremities. Treatment to date has included diagnostics, workplace modifications, physical therapy, bilateral wrist braces, and medications. Currently, the injured worker complains of left wrist pain since 10-2013. She reported that physical therapy for both wrists was helping and that her left wrist was more painful than the right. She reported pain located radially, swelling and weakness in her hand, impaired sensation, and snapping or clicking in the wrist. She was having increased difficulty with activities of daily living. She reported that the fingers in her right hand started to lock in place and weakness and numbness were getting worse. The current treatment plan included right carpal tunnel surgery, with pre-operative clearance to include a chest x-ray, and post-operative treatment with short arm cast-sling. The determination of the disposition of the left pronator teres syndrome was undecided. Work status was total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre op chest x-ray: 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).

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, Preoperative testing, General.

Decision rationale: The MTUS is silent on preoperative testing. The ODG states that, "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...Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management and Routine preoperative tests are defined as those done in the absence of any specific clinical indication or purpose and typically include a panel of blood tests, urine tests, chest radiography, and an electrocardiogram (ECG). These tests are performed to find latent abnormalities, such as anemia or silent heart disease that could affect how, when, or whether the planned surgical procedure and concomitant anesthesia are performed. It is unclear whether the benefits accrued from responses to true-positive tests outweigh the harms of false-positive preoperative tests and, if there is a net benefit, how this benefit compares to the resource utilization required for testing." The medical records fail to demonstrate any clinical history making this patient at high risk for Carpal Tunnel Syndrome Release surgery requiring a pre-op CXR. As such, the request for Pre-op chest x-ray is not medically necessary.

Post- op short arm cast, sling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm Wrist Hand and Carpal Tunnel, Splint.

Decision rationale: In regards to splinting post Carpal Tunnel Surgery, the ODG (capal tunnel) refers to splinting section for braces, "splinting the wrist beyond 48 hours following CTS release may be largely detrimental, especially compared to a home physical therapy program." The ODG does not recommend splinting beyond 48 hours. The treating physician does not detail any extenuating circumstances that warrant exception to the guidelines outlined above. As such, the request for Post-op short arm cast, sling is not medically necessary at this time.