

<b>Case Number:</b>	CM15-0143256		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	04/11/2014
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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 24 year old male, who sustained an industrial injury on 4-11-14. The injured worker has complaints of bilateral wrist pain that radiates into the hands and fingers. The diagnoses have included right carpal tunnel syndrome and left carpal tunnel syndrome. Treatment to date has included home exercise program; pain management; electromyography/nerve conduction study on 5-22-14 showed there is no electrodiagnostic evidence of left median sensory neuropathy localized across the wrist consistent with left mild carpal tunnel syndrome and no evidence of right carpal tunnel syndrome; magnetic resonance imaging (MRI) of the right shoulder on 12-12-14 showed no definite rotator cuff tear or labral tear identified; magnetic resonance imaging (MRI) of the left shoulder on 12-19-14 showed mild fluid in the subacromial bursa which suggests bursitis; electromyography/nerve conduction study on 12-22-14 showed mild bilateral carpal tunnel syndrome, greater on the left and right and left wrist X-ray. The request was for associated surgical service for preoperative electrocardiography, chest X-ray, wrist home therapy kit (purchase), preoperative laboratory work-up and post-operative wrist brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Preoperative Electrocardiography:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

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

**Decision rationale:** The patient is a 24 year old male who was certified for a left carpal tunnel release. A preoperative EKG was requested. Official Disability Guidelines (ODG) recommends an EKG for patients undergoing high-risk surgery and those undergoing intermediate-risk surgeries who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. The requesting physician had documented that the patient has a history of smoking and a family history of diabetes mellitus. As a preoperative history and physical was certified, if there are findings on physical exam or review of systems to warrant additional study(including CXR and EKG) than this can be reconsidered. In addition, the documentation from 6/10/14 noted the patient denies smoking tobacco. Again, the history and physical examination can evaluate these issues more fully and can drive further testing. As the patient has not been documented to have additional risk factors and a carpal tunnel release should be considered a relatively low risk procedure, a preoperative EKG should not be considered medically necessary.

**Preoperative 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.

**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:** The patient is a 24 year old male who was certified for a left carpal tunnel release. A preoperative CXR was requested. Based on the entirety of the medical record the patient is not noted to have evidence of significant illness that would require extensive work-up. However, a preoperative history and physical examination could be considered medical necessary to stratify the patient's risk and determine if further medical testing is necessary. This had been certified. 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. In addition, ODG guidelines state that chest radiography is appropriate for patients at risk for postoperative pulmonary complications if the results would change perioperative management. Thus, as there is not a specific indication for a CXR and the patient has no specific relevant medical history other than a possible smoking history, it should not be considered medically necessary.

**Associated Surgical Service: Wrist home therapy kit (purchase):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15 and 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, home exercise kit.

**Decision rationale:** The patient is a 24 year old male who was certified for left carpal tunnel release and had requested a wrist home therapy kit (purchase). As the procedure is considered medically necessary and that a home exercise program is recommended in combination with postoperative physical therapy, a home exercise kit should be considered consistent with ACOEM guidelines. In addition, as pointed out by the UR, ODG guidelines do support a home exercise kit as an option. From pages 15-16, ACOEM, post-surgical treatment guidelines: Post surgery, a home therapy program is superior to extended splinting. (Cook, 1995) Continued visits should be contingent on documentation of objective improvement, i.e., VAS (visual analog scale) improvement greater than four, and long-term resolution of symptoms. Therapy should include education in a home program, work discussion and suggestions for modifications, lifestyle changes, and setting realistic expectations. Passive modalities, such as heat, iontophoresis, phonophoresis, ultrasound and electrical stimulation, should be minimized in favor of active treatments. The UR states that the specific components of the home exercise kit were not documented. However, as ODG guidelines state that a kit is an option and that ACOEM guidelines state that a postoperative home exercise program is recommended, this should override the concern of the UR. Therefore, based on the stated guidelines, a home exercise kit should be considered medically necessary.

**Preoperative Laboratory Work-Up:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing.

**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:** The patient is a 24 year old male who was certified for a left carpal tunnel release. Preoperative laboratory work-up was requested. Based on the entirety of the medical record the patient is not noted to have evidence of significant illness that would require extensive work-up. However, a preoperative history and physical examination should be considered medical necessary to stratify the patient's risk and determine if further medical testing is necessary (as was certified). 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, routine laboratory testing is not medically necessary, but a history and physical would be to drive further testing.

**Post Operative wrist brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand Chapter, Splinting.

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

**Decision rationale:** The patient is a 24 year old male who was certified for a left carpal tunnel release. A postoperative wrist brace was requested. ACOEM guidelines state that prolonged postoperative splinting is not recommended. From page 270, 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 postoperative wrist brace should not be considered medically necessary.