

Case Number:	CM15-0190226		
Date Assigned:	10/02/2015	Date of Injury:	05/29/2013
Decision Date:	11/16/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/28/2015

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 is a 46 year old male, who sustained an industrial injury on 5-29-2013. The injured worker was diagnosed as having carpal tunnel syndrome right hand and cubital tunnel syndrome right elbow. Treatment to date has included diagnostics, splinting, acupuncture, transcutaneous electrical nerve stimulation unit, and medications. Currently (8-18-2015), the injured worker complains of frequent tingling of the left thumb, index and middle fingers, alternating with small and ring fingers. He remained off work. Objective findings included positive Phalen's equivocal elbow flexion test, and normal sensation. Nerve conduction studies were documented as showing "distal median motor and sensory slowing, distal ulnar sensory slowing". The treating physician recommended a right carpal tunnel release and right cubital tunnel release. The treatment plan included a right carpal tunnel release, preoperative labs, and post-operative splint. On 9-08-2015 Utilization Review certified the requested right carpal tunnel release, modified preoperative labs to include CBC, CMP, and urinalysis, and non-certified the post-operative splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC), Online Edition, 2015, Low Back Chapter: Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Noncardiac 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: This is a request for unspecified pre-op lab testing. The California MTUS does not address preoperative testing. 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, a June 11, 2015 report notes the injured worker's past medical history is "unremarkable." Therefore, the request is determined to be unnecessary, not medically necessary.

Post-op splint: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation (ODG-TWC), Online Edition (2015), Carpal Tunnel Syndrome chapter: Splinting.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: This is a request for a splint to be used after planned carpal tunnel release surgery. Notes from the utilization reviewer indicate the patient was treated with splinting and presumably has already been provided with a splint. While nocturnal splinting of the wrist in a neutral position which minimizes carpal tunnel pressures is recommended before surgery, the California MTUS notes on page 270 that "2 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 carpal tunnel syndrome release may be largely detrimental." Splinting after carpal tunnel release is not recommended and the requested splint is determined to be medically unnecessary, not medically necessary.