

<b>Case Number:</b>	CM15-0191822		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	05/29/2013
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Physical Medicine & Rehabilitation

### 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 54 year old female who sustained an industrial injury on 5-29-13. The injured worker reported discomfort in the bilateral wrists. A review of the medical records indicates that the injured worker is undergoing treatments for shoulder impingement, brachial neuritis or radiculitis not otherwise specified, carpal tunnel syndrome, lateral epicondylitis, anxiety disorder, ulnar nerve lesion and medial epicondylitis. Provider documentation dated 9-29-15 noted the work status as temporary totally disabled. Treatment has included acupuncture treatment, psychiatrist, and Tramadol. Objective findings dated 9-29-15 were notable for paraspinal muscle spasms, tenderness to palpation to the paraspinal muscles with restricted range of motion, cervical spine with paravertebral muscle tenderness and spasm and restricted range of motion, shoulders with bilateral impingement, bilateral lateral elbows tenderness to palpation, left hand inflamed, and bilateral hands with decreased grip strength. The original utilization review (9-1-15) partially approved a request for Cold Unit (days) Qty 7, Post op physical therapy for the right wrist Qty 12 and H&P Qty 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold Unit (days) Qty 7:** Overturned

**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) Shoulder (acute & chronic) chapter under Continuous-flow cryotherapy.

**Decision rationale:** The 54 year old patient complains of pain in bilateral elbows, rated at 6-8/10, and pain in bilateral wrists, rated at 5-8/10, as per progress report dated 08/03/15. The request is for COLD UNIT (DAYS) QTY 7. The RFA for this case is dated 08/03/15, and the patient's date of injury is 04/14/07. The patient is four to five months status post left carpal tunnel release, as per progress report dated 08/03/15. Diagnoses also included bilateral elbow lateral epicondylitis, and right hand severe carpal tunnel syndrome with decreased grip strength and numbness and tingling in the right hand constant in radial three digits. Medications included Glipizide and Diovan. Diagnoses, as per progress report dated 08/05/15, included hypertension and diabetes mellitus. Diagnoses, as per progress report dated 07/11/15, included right carpal tunnel syndrome, industrial aggravation of pre-existing cervical degenerative disc disease, bilateral shoulder pain, bilateral shoulder impingement syndrome, possible right shoulder SLAP tear of labrum, right shoulder rotator cuff tendinitis, bilateral AC joint degenerative arthritis, and bilateral elbow lateral and medial epicondylitis. The patient is temporarily totally disabled, as per the same progress report. ODG guidelines, Shoulder (acute & chronic) chapter under Continuous-flow cryotherapy, states the following: Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. In this case, the patient underwent left carpal tunnel release by [REDACTED] about four to five months ago, as per progress report dated 08/03/15 from [REDACTED] another orthopedic surgeon. While the patient's symptoms improved, she continues to experience significant numbness and tingling in the left hand. The patient is now authorized to undergo right carpal tunnel release by [REDACTED] but wishes to transfer her care and surgery to [REDACTED]. Thereby, in progress report dated 08/03/15, [REDACTED] is requesting for a 7-day rental/purchase of cold therapy unit. However, as per a subsequent report, dated 08/18/15 from [REDACTED] the patient seeks to "hold off the surgery on the right until hopefully she has improvement on the left." Hence, it is not clear when the surgery will take place. Nonetheless, ODG does support the use of a cryotherapy unit for up to 7 days after the surgery. Therefore, the request for a 7-day rental appears reasonable and is medically necessary.

**Post op physical therapy for the right wrist Qty 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

**Decision rationale:** The 54 year old patient complains of pain in bilateral elbows, rated at 6-8/10, and pain in bilateral wrists, rated at 5-8/10, as per progress report dated 08/03/15. The

request is for POST OP PHYSICAL THERAPY FOR THE RIGHT WRIST QTY 12. The RFA for this case is dated 08/03/15, and the patient's date of injury is 04/14/07. The patient is four to five months status post left carpal tunnel release, as per progress report dated 08/03/15. Diagnoses also included bilateral elbow lateral epicondylitis, and right hand severe carpal tunnel syndrome with decreased grip strength and numbness and tingling in the right hand constant in radial three digits. Medications included Glipizide and Diovan. Diagnoses, as per progress report dated 08/05/15, included hypertension and diabetes mellitus. Diagnoses, as per progress report dated 07/11/15, included right carpal tunnel syndrome, industrial aggravation of pre-existing cervical degenerative disc disease, bilateral shoulder pain, bilateral shoulder impingement syndrome, possible right shoulder SLAP tear of labrum, right shoulder rotator cuff tendinitis, bilateral AC joint degenerative arthritis, and bilateral elbow lateral and medial epicondylitis. The patient is temporarily totally disabled, as per the same progress report. MTUS post-surgical guidelines, page 16 under Carpal Tunnel Syndrome, recommends post-surgical treatment of 3-8 visits over 3-5 weeks. The post-surgical physical medicine treatment period is 3 months. In this case, the patient underwent left carpal tunnel release by [REDACTED] about four to five months ago, as per progress report dated 08/03/15 from [REDACTED] another orthopedic surgeon. While the patient's symptoms improved, she continues to experience significant numbness and tingling in the left hand. The patient is now authorized to undergo right carpal tunnel release by [REDACTED] but wishes to transfer her care and surgery to [REDACTED]. Thereby, in progress report dated 08/03/15, [REDACTED] is requesting for 12 sessions of post-op physical therapy. However, as per a subsequent report, dated 08/18/15 from [REDACTED] the patient seeks to "hold off the surgery on the right until hopefully she has improvement on the left." Hence, it is not clear when the surgery will take place. Nonetheless, MTUS only allows for 3-8 physical therapy visits for patients undergoing carpal tunnel release. Therefore, the treater's request for 12 sessions appears excessive and is not medically necessary.

#### **H&P Qty 1:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) 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 Chapter under General Preoperative Testing.

**Decision rationale:** The 54 year old patient complains of pain in bilateral elbows, rated at 6-8/10, and pain in bilateral wrists, rated at 5-8/10, as per progress report dated 08/03/15. The request is for H&P QTY 1. The RFA for this case is dated 08/03/15, and the patient's date of injury is 04/14/07. The patient is four to five months status post left carpal tunnel release, as per progress report dated 08/03/15. Diagnoses also included bilateral elbow lateral epicondylitis, and right hand severe carpal tunnel syndrome with decreased grip strength and numbness and tingling in the right hand constant in radial three digits. Medications included Glipizide and Diovan. Diagnoses, as per progress report dated 08/05/15, included hypertension and diabetes mellitus. Diagnoses, as per progress report dated 07/11/15, included right carpal tunnel syndrome, industrial aggravation of pre-existing cervical degenerative disc disease, bilateral

shoulder pain, bilateral shoulder impingement syndrome, possible right shoulder SLAP tear of labrum, right shoulder rotator cuff tendinitis, bilateral AC joint degenerative arthritis, and bilateral elbow lateral and medial epicondylitis. The patient is temporarily totally disabled, as per the same progress report. With regards to medical clearance, ODG-TWC, Low Back Chapter under General Preoperative Testing states: "Preoperative testing, general: See Preoperative electrocardiogram (ECG); & Preoperative lab testing. Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. 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. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography." In this case, the patient underwent left carpal tunnel release by [REDACTED] about four to five months ago, as per progress report dated 08/03/15 from [REDACTED] another orthopedic surgeon. While the patient's symptoms improved, she continues to experience significant numbness and tingling in the left hand. The patient is now authorized to undergo right carpal tunnel release by [REDACTED] but wishes to transfer her care and surgery to [REDACTED]. Thereby, in progress report dated 08/03/15, [REDACTED] is requesting for "pre-op evaluation by an internal medicine physician for a complete history and physical, blood work, and EKG." However, as per a subsequent report, dated 08/18/15 from [REDACTED] the patient seeks to "hold off the surgery on the right until hopefully she has improvement on the left." Hence, it is not clear when the surgery will take place. Nonetheless, given the patient's history of hypertension and diabetes, a thorough evaluation prior to the surgery appears reasonable and is medically necessary.