

Case Number:	CM15-0194068		
Date Assigned:	10/07/2015	Date of Injury:	10/31/2012
Decision Date:	11/20/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/02/2015

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 45 year old female, who sustained an industrial injury on 10-31-2012. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical fusion with residual myofascial pain, right DeQuervain's tenosynovitis, carpal tunnel syndrome, and right shoulder tendonitis or impingement. Medical records (04-16-2015) indicate ongoing bilateral hand numbness and tingling with episodes of nocturnal paresthesia, and shoulder pain with interrupted sleep. Pain levels were 7-8 out of 10 on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR) dated 07-20-2015, the IW had not returned to work. The physical exam, dated 07-20-2015, revealed tenderness on direct palpation of the anterior shoulder capsule, bicipital groove and subacromial space, positive Neer's and Hawkin's test, positive Tinel's sign and medial compression test over the carpal tunnels, and positive Finklestein's test bilaterally. Relevant treatments have included physical therapy (PT), work restrictions, and pain medications. The treating physician indicates that MRI of the cervical spine (2013) showed mild to moderate central canal stenosis with 2.5-3mm disc protrusions at C4-5 and C5-6, mild discogenic disease with a 1.6mm disc bulge at C6-7, mild spondylosis, severe bilateral C5-6 foraminal stenosis, and mild right foraminal stenosis at C4-5. Electrodiagnostic testing of the upper extremities (2014) was also reported to show normal findings. The request for authorization was not available for review; however, the utilization review letter states that the following services were requested on 09-04-2015: one right carpal tunnel release, a pre-op medical clearance, and 12 sessions of post-op PT. The original utilization review (09-14-2015) non-certified the request for one right carpal tunnel release, a pre-op medical clearance, and 12 sessions of post-op PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Release.

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

Decision rationale: This is a request for right carpal tunnel release. The patient reports severe "8/10" neck, upper back and bilateral upper extremity pain. Such symptoms are not consistent with a diagnosis of right carpal tunnel syndrome. Records provided document that electrodiagnostic testing was performed which was normal (the actual results of the electrodiagnostic testing are not provided for review) that is, the objective evidence from the electrodiagnostic testing is also inconsistent with a diagnosis of right carpal tunnel syndrome. There is no documentation of the results of treatment for presumed carpal tunnel syndrome, such as night splinting for carpal tunnel injection. There is no reasonable expectation the proposed surgery would result in functional improvement and the surgery is determined to be unnecessary.

Pre-op medical clearance: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Non-cardiac 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: 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. Therefore, the request is determined to be unnecessary.

12 Post Op Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

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

Decision rationale: The California MTUS notes that, "there is limited evidence demonstrating effectiveness" of therapy for carpal tunnel syndrome and, "carpal tunnel release surgery is a relatively simple operation" that should not require extensive therapy visits for recovery (page 15). The guidelines support 3-8 therapy sessions over 3-5 weeks after carpal tunnel release surgery (page 16). An initial course of therapy is defined as one half the maximal numbers of visits (page 10) 4 sessions following carpal tunnel surgery. Additional therapy sessions up to the maximum allowed is appropriate only if there is documented functional improvement defined as clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment (page 1). This request for 12 sessions exceeds guidelines and is determined to be unnecessary.