

<b>Case Number:</b>	CM15-0198736		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	04/04/2013
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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

### 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 41 year old male, who sustained an industrial injury on 4-4-13. Medical records indicate that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome, bilateral knee pain, right shoulder impingement syndrome, lumbar spine pain, bilateral knee pain, lumbar sprain-strain and lumbar stenosis. The injured worker is currently not working. On (9-1-15) the injured worker complained of right shoulder pain with activity, head pain, intermittent low back pain, pain and numbness of the bilateral hands with activity, right knee pain and frequent left knee pain. The injured worker noted right knee pain with walking more than 15-20 minutes. The injured worker notes that his right knee pops and locks 2-3 times a week. The bilateral hand pain was rated 3-4 out of 10. The injured worker had increased pain with writing and was noted to have decreased strength. A Tinel's test was positive on the right and negative on the left. With regard to the right knee the injured worker was able to partially squat with complaints of tightness in the knee. The injured worker was able to squat to ninety degrees. Treatment and evaluation to date has included medications, radiological studies, MRI of the right knee, electromyography, physical therapy (12), right carpal injection, home exercise program, left knee arthroscopy and right shoulder arthroscopy. An electromyography study (4-30-15) revealed moderate to severe right carpal tunnel syndrome. The injured worker was not taking medications. The request for authorization dated 9-16-15 included requests for a pre-operative Beta-Human Chorionic Gonadotropin (BHCG ) test, physical therapy two times a week for six weeks to the right knee, post-operative physical therapy two times a week for four weeks to the right wrist and a post-operative sling. The Utilization Review documentation dated

9-18-15 non-certified the requests for a pre-operative Beta-Human Chorionic Gonadotropin (BHCG) test, post-operative sling and physical therapy two times a week for six weeks to the right knee and modified the post-operative physical therapy to four sessions (original request # 8).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Post-operative sling: 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), Shoulder Chapter, Immobilization.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care.

**Decision rationale:** According to the California MTUS guidelines, Shoulder complaints Chapter 9 pages 212-214, it is recommended to use a brief use of the sling for severe shoulder pain (1-2 days) with pendulum exercises to prevent stiffness and cases of rotator cuff conditions, and prolonged use of the sling only for symptom control is not supported. In this case the use of a shoulder sling would be contraindicated following carpal release to prevent adhesive capsulitis. The request for a sling is therefore not medically necessary and appropriate.

#### **Physical therapy 2 times a week for 6 weeks for the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation ACOEM Chapter 6-Pain, Suffering, and the Restoration of Function Chapter, page 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** In this case there is insufficient evidence as to why the patient cannot be placed on a home based program from the exam note of 9/1/15. In addition, the request of 12 visits exceeds the maximum allowable amount of visits for non-surgical musculoskeletal conditions. As the requested physical therapy exceeds the recommendation, the request is not medically necessary.

#### **Pre-operative BHCG: 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), Low Back Chapter, Pre-operative 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, preoperative testing.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, 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. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 41 year old male who does not require BHCG testing based upon gender status. Therefore the request is not medically necessary.

**Post-operative physical therapy 2 times a week for 4 weeks for the right wrist:** Upheld

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

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

**Decision rationale:** Per the CA MTUS/Post Surgical Treatment Guidelines, Carpal tunnel syndrome, page 16, 3-8 visits over a 3 month period is authorized. In this case the request of 8 visits exceeds the initial visits be authorized. Therefore the request is not medically necessary.