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| Case Number: | CM15-0200742 | | |
| Date Assigned: | 10/15/2015 | Date of Injury: | 03/25/2015 |
| Decision Date: | 12/07/2015 | UR Denial Date: | 10/06/2015 |
| Priority: | Standard | Application Received: | 10/13/2015 |

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 69 year old female with a date of injury on 03-25-2015. The injured worker is undergoing treatment for bilateral carpal tunnel syndrome moderate with nerve conduction velocity studies dated 03-25-2015 showing moderate bilateral carpal tunnel syndrome and mild left cubital tunnel syndrome. A physician progress note dated 09-04-2015 and 06-02-2015 documents the injured worker has complaints of bilateral wrist pain, bilateral hand numbness, bilateral hand weakness, and difficulties with activities of daily living and difficulty sleeping. There is positive Tinel's, and Phalen's sign at both wrists, positive median nerve compression test bilaterally and decreased grip strength in her bilateral hands. She is temporarily totally disabled. Treatment to date has included diagnostic studies, medications, use of braces, and 6 physical therapy, current medications include Orphenadrine Citrate, Omeprazole, APAP, and an Etodolac ER. Unofficial report of electrodiagnostic studies done on 03-25-2015 were positive for moderate carpal tunnel syndrome and mild left cubital tunnel syndrome. An unofficial report of X rays done on 03-26-2015 reveals moderate bilateral thumb CMC osteoarthritis-left greater than right. On 10-06-2015 Utilization Review non-certified the request for Internal Medicine Preoperative Clearance, Left Carpal Tunnel Release, and Post op Physical Therapy x 12 sessions for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Carpal Tunnel Release: Overturned

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

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

Decision rationale: This is a request for left carpal tunnel release surgery. I recommend overturning the utilization review decision as I have greater information available. The UR report indicates information regarding non-surgical treatment was not provided by the requesting physician. Records available for my review dating back to March 26, 2015 document that the patient has been treated for carpal tunnel syndrome with night splinting, anti-inflammatory medications and supervised therapy. Treatment was documented to have been performed by other physicians before the patient transferred her care to the current treating surgeon. With moderate carpal tunnel syndrome confirmed by electrodiagnostic testing and persistent symptoms despite routine non-surgical treatment, it is reasonable for the patient to proceed with carpal tunnel release surgery if she chooses. Therefore, the request is medically necessary.

Internal Medicine Preoperative Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 medical evaluation before planned carpal tunnel surgery. 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 rationale provided to support the need for the requested evaluation. Therefore, the request is not medically necessary.

Post op Physical Therapy x 12 sessions for the left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This is a request for 12 therapy sessions after planned carpal tunnel release surgery. 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 number 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). The requested 12 sessions exceeds guidelines. Therefore, the request is not medically necessary.