

Case Number:	CM15-0204380		
Date Assigned:	10/21/2015	Date of Injury:	12/21/2013
Decision Date:	12/04/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/19/2015

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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand 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 36-year-old female, who sustained cumulative industrial trauma injuries from 12-21-2012 - 12-21-2013. A review of the medical records indicates that the worker is undergoing treatment for cervical spine spasm and herniations, right shoulder impingement with posterior capsular tightness, right elbow lateral epicondylitis, right elbow cubital syndrome and right hand carpal tunnel syndrome. Nerve conduction studies dated 02-03-2014 showed mild right carpal tunnel syndrome. MRI of the cervical spine on 05-05-2015 showed 3 mm diffuse disc bulges at C4-C5, C5-C6 and C6-C7. Subjective complaints (06-08-2015) included neck, shoulder and elbow pain with numbness and tingling in the right hand and wrist. Objective findings (06-08-2015) showed stiffness and spasm of the cervical spine, trapezial, paraspinal and parascapular tenderness, positive impingement of the right shoulder, restricted range of motion with some posterior capsular tightness, tenderness over the medial epicondylar area of the right elbow with positive Tinel's, mild tenderness over the lateral epicondylar area and positive Phalen's and Tinel's of the right wrist. Subjective complaints (07-20-2015 and 08-31-2015) included continued pain, numbness and tingling of the right upper extremity. Objective findings (07-20-2015) included positive Tinel's and Phalen's of the right wrist, positive Tinel's of the right elbow and stiffness and spasm of the cervical spine with trapezial tenderness and pain in the posterior shoulder. Objective findings (08-31-2015) included positive Tinel's of the elbow with numbness and tingling in the ring and small fingers and positive Phalen's and Tinel's of the wrists with achiness, numbness and tingling in the radial three digits. Treatment has included Relafen, Flexeril, acupuncture, bracing, injections and physical therapy. The physician noted that a right elbow cubital tunnel release and right wrist carpal tunnel release with pre and post-operative services were being requested due to

exhausting all conservative care. A utilization review dated 09-21-2015 modified a request for pre-op evaluation with an internal medicine physician for history and physical-blood work-EKG to certification of pre-op evaluation with an internal medicine physician for history and physical-blood work to include CBC and BMP, modified a request for post op physical therapy (right wrist) (2x-6) to certification of post op physical therapy (right wrist) (2x-4) and non-certified a request for carpal tunnel brace (right). Of note, the right wrist carpal tunnel release was certified as per the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op Blood Work: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

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 updated 5/15/15.

Decision rationale: The Official Disability Guidelines states that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and 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. This patient is undergoing a low risk procedure. Medical history is unremarkable. There is no indication for preoperative lab testing for this patient. Therefore, the request is not medically necessary.

Pre-op EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

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 updated 5/15/15.

Decision rationale: According to the Official Disability Guidelines, 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. This patient is undergoing a low risk procedure and does not have any documented cardiac risk factors. Therefore, the request is not medically necessary.

Post-op Physical Therapy Right Wrist 2x6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: The MTUS Postsurgical Treatment 2009 Guidelines allows up to 20 therapy visits following cubital tunnel release. The patient underwent both a carpal tunnel release and a cubital tunnel release. The request for 12 visits is consistent with the guidelines and is medically necessary.

Carpal tunnel brace (right): Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation ODG-TWC Carpal Tunnel Syndrome.

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

Decision rationale: According to the ACOEM Practice Guidelines, day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. In this case, a splint is appropriate for pain relief following carpal tunnel release. A splint will reduce pain and should facilitate an earlier return to work. Therefore, the request is medically necessary.