MAXIMUS Federal Services

Case Number:	CM15-0020993		
Date Assigned:	02/10/2015	Date of Injury:	07/27/2012
Decision Date:	04/01/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/03/2015

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: Illinois, California, Texas
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 29-year-old female with a date of injury of 7/7/12. The diagnoses included carpal tunnel syndrome of the left wrist with tendinitis. She underwent right carpal tunnel release on 7/30/13. The 08/18/14 electrodiagnostic study was positive for moderate right and mild to moderate left carpal tunnel syndrome. The 12/24/14 treating physician report indicated that the injured worker was doing poorly, with severe numbness and tingling of her left wrist. Left wrist/hand exam documented positive Tinel's and Phalen's signs, positive carpal tunnel compression test, and decreased light touch sensation of the thumb, index, and long fingers. The treating physician requested a left carpal tunnel release, with associated pre-operative and post-operative treatments. The urinalysis was requested to check the effectiveness of the prescribed medications. On 01/15/15, Utilization Review (UR) modified the request for pre-operative clearance: family urgent care, complete blood count (CBC), comprehensive metabolic panel (CMP), prothrombin time/partial thromboplastin time (PT/PTT), urinalysis, chest x-ray, EKG; post-operative physical therapy three times a week for four weeks; purchase of a cold therapy unit, and denied the request for an assistant surgeon; a one-month rental of an interferential (IF) unit. The UR physician noted that there was insufficient documentation to indicate an EKG during pre-operative testing; the medical necessity for an assistant surgeon had not been established; the guidelines recommend up to seven days of post-operative cold therapy; a lack of proven effectiveness for the use of an IF unit for the treatment of carpal tunnel syndrome; and further certification of physical therapy will require documented objective evidence of functional improvement. The MTUS Chronic Pain Guidelines, Official Disability

Guidelines, MTUS Postsurgical Treatment Guidelines, the American College of Surgeons, and the MTUS ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid servicesPhysician Fee ScheduleAssistant Surgeonshttp://www.cms.gov/apps/physician-fee-schedule/overview.aspx.

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT code 29848, there is a "1" in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.

Pre-op clearance: Family urgent care, CBC, CMP, PT/PTT, UA, EKG, Chest X-ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. The 1/15/15 utilization review partially certified this request to include pre-operative clearance with family urgent care, complete blood count (CBC), comprehensive metabolic panel (CMP), prothrombin time/partial thromboplastin time (PT/PTT),

urinalysis, and a chest x-ray. The request for EKG was non-certified as there was insufficient documentation to support the medical necessity of this request. There is no compelling reason to support the medical necessity of an EKG for this 29-year-old patient with a negative past medical history. Pre-operative testing beyond that already certified is not indicated. Therefore, this request is not medically necessary.

Associated surgical service: cold therapy unit purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome: Continuous cold therapy (CCT).

Decision rationale: The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous cold therapy is an option for up to 7 days in the post-operative setting following carpal tunnel release. The 1/15/15 utilization review decision recommended partial certification of a cold therapy unit for 7-day rental. There is no compelling reason in the records reviewed to support the medical necessity of a cold therapy unit beyond the 7-day rental recommended by guidelines and previously certified. Therefore, this request is not medically necessary.

Associated surgical service: IF unit x 1 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The California MTUS guidelines do not recommend interferential current (IFC) stimulation as an isolated intervention. Guidelines indicate that an IFC trial may be indicated for post-operative conditions if there is significant pain that limits the ability to perform exercise programs/physical therapy treatment. Guideline criteria have not been met. There is no indication that the patient will be unable to perform post-op physical therapy exercise or treatment, or that post-operative pain management will be ineffective. Additionally, this request for an unspecified duration of use is not consistent with guidelines. Therefore, this request is not medically necessary.

Post-op physical therapy 3 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for carpal tunnel release suggest a general course of 3 to 8 post-operative visits over 3-5 weeks during the 3-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 4 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. This request exceeds both recommendations for the initial and total courses of post-op treatment. There is no compelling reason to support the medical necessity of post-op physical therapy beyond guidelines. Therefore, this request is not medically necessary.