

Case Number:	CM15-0023721		
Date Assigned:	02/13/2015	Date of Injury:	08/06/2012
Decision Date:	04/06/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/09/2015

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, 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 51-year-old male who reported a gradual onset of pain in the bilateral hands and wrists on 08/06/2012. The current diagnoses include carpal tunnel syndrome, cubital tunnel syndrome, ulnar nerve lesion, and wrist arthralgia. On 12/10/2014, the injured worker presented for a history and physical examination. It was noted that the injured worker was status post left shoulder surgery in 2006. The past medical history included hypertension. The injured worker was utilizing amlodipine 5 mg, Crestor 10 mg, and quinapril 40 mg. Upon examination, there was tenderness at the bilateral carpal canal, limited range of motion of the bilateral wrists, positive Tinel's and Phalen's sign bilaterally, 5/5 motor strength and diminished sensation in the median and ulnar nerve distributions. Recommendations included surgical intervention. It was noted that the injured worker was scheduled for an open carpal tunnel release of the left wrist on 12/16/2014. There was no request for authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Clearance with Primary Care Physician to include complete written H & P with Labs (CBC, BMP, INR, PT, PTT, HgbA1C and UA): Upheld

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

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 Chapter, Preoperative testing, general.

Decision rationale: The Official Disability Guidelines state the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities and physical examination findings. Although it is noted that the injured worker is currently treated for a past medical history of hypertension, there is no documentation of a medical history of diabetes to support a hemoglobin A1C or an anticoagulation disorder to support testing with an INR. There is no indication that this injured worker suffers from electrolyte imbalance. The medical necessity for multiple laboratory studies has not been established in this case. Therefore, the request is not medically appropriate.

Post-op Physical Therapy to Right Wrist, 3 times a week for 4 weeks for a total of 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 16.

Decision rationale: The California MTUS Guidelines state the initial course of therapy means 1 half of the number of visits specified in a general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following an open carpal tunnel release includes 3 to 8 visits over 3 to 5 weeks. The current request for an initial 12 sessions of postoperative physical therapy for the right wrist exceeds guideline recommendations. Therefore, the request is not medically appropriate at this time.