

Case Number:	CM15-0029128		
Date Assigned:	02/23/2015	Date of Injury:	07/08/2013
Decision Date:	04/03/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/17/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 an industrial injury on July 8, 2013. She has reported neck pain, right wrist pain, headache, and left shoulder pain. The diagnoses have included carpal tunnel syndrome and cervical spine sprain. Treatment to date has included medications, home exercise, chiropractic care, and imaging studies. A progress note dated January 7, 2015 was partially illegible. The note indicates a chief complaint of continued neck and right wrist pain. Physical examination showed cervical spine tenderness and decreased range of motion, and right wrist tenderness and decreased range of motion. The treating physician requested right carpal tunnel release with possible flexor tenosynovectomy and/or median neurolysis, postoperative therapy twice each week for four weeks, preoperative medical clearance evaluation, and continuous cold flow therapy unit purchase. On January 15, 2015 Utilization Review certified the request for the right carpal tunnel release and postoperative therapy. Utilization Review partially certified the request for the preoperative medical clearance with adjustment to include Complete Blood Count (CBC), complete metabolic profile and urinalysis, and partially certified the request for the continuous cold flow therapy unit purchase with an adjustment to a seven day rental of a continuous flow cryotherapy unit. The California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine Guidelines, and Official Disability Guidelines were cited in the decisions. On February 17, 2015, the injured worker submitted an application for IMR of a request for preoperative medical clearance evaluation, and continuous cold flow therapy unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op medical clearance evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back, Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back pain, preoperative testing, general.

Decision rationale: The patient is a 36 year old female and carpal tunnel release was considered medically necessary. As general anesthesia may be performed, a preoperative medical clearance is consistent with ODG, preoperative testing as follows: An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. Thus, preoperative medical clearance should be considered medically necessary. The UR considered this differently, but from this perspective it is better to have a history and physical examination that can then direct any further testing, as many laboratory tests would be considered unnecessary.

Continuous flow 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 Chapter, Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, continuous-flow cryotherapy.

Decision rationale: With carpal tunnel release considered medically necessary, the patient is a candidate for continuous cold therapy based on ODG guidelines. However, guidelines state a temporary treatment not to exceed 7 days for post-operative us. The time course of treatment was not specified and a purchase would tend to imply greater than 7 days of treatment. Thus, purchase of a continuous cold therapy unit should not be considered medically necessary. From ODG, 'Postoperative use generally should not be more than 7 days, including home use.'