

<b>Case Number:</b>	CM15-0210406		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	05/09/2014
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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 47 year old female, who sustained an industrial injury on 5-9-14. The documentation on 9-15-15 noted that the injured worker is doing well with no further numbness and tingling in the left hand. There is mild swelling and tenderness left proximal palm and left volar distal forearm. There is full range of motion in all digits left hand and sensory and motor exam is intact. The injured worker reports she does have soreness at the surgical site. The diagnoses have included carpal tunnel syndrome. Treatment to date has included status post left endoscopic carpal tunnel release; 8 therapy visits last fall; occupational therapy continues to improve with increasing grip strength and range of motion and medication. The original utilization review (9-28-15) non-certified the request for Post-op occupational therapy, right wrist, 3 times weekly for 4 weeks; pre-op clearance for complete blood count, prothrombin time, partial thromboplastin time (PTT), international normalized ratio, chemistry 7, urinalysis, chest X-ray, electrocardiogram and history and physical.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op occupational therapy - right wrist, 3 times weekly for 4 weeks: 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:** MTUS allows for up to 8 visits following carpal tunnel release. The records do not provide a rationale for why additional therapy is required for this patient. The request is not medically necessary.

**Pre-op clearance: CBC:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** ODG-TWC, Low Back updated 5/15/15 states: "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, 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." There is insufficient evidence to support routine preoperative lab testing prior to straightforward hand surgery procedures. The hand surgeon can perform a history and physical and refer the patient for preoperative clearance or lab studies if the history and physical detects any medical issues. Therefore, the request is not medically necessary.

**Pre-op clearance: PT, PTT, INR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** ODG-TWC, Low Back updated 5/15/15 states: "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, 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." There is insufficient evidence to support routine preoperative lab testing prior to straightforward hand surgery procedures. The hand surgeon can perform a history and physical and refer the patient for

preoperative clearance or lab studies if the history and physical detects any medical issues. Therefore, the request is not medically necessary.

**Pre-op clearance: Chem 7: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** ODG-TWC, Low Back updated 5/15/15 states: "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, 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." There is insufficient evidence to support routine preoperative lab testing prior to straightforward hand surgery procedures. The hand surgeon can perform a history and physical and refer the patient for preoperative clearance or lab studies if the history and physical detects any medical issues. Therefore, the request is not medically necessary.

**Pre-op clearance: UA: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** Per ODG: "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, 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, and therefore preoperative lab tests are not required. Therefore, the request is not medically necessary.

**Pre-op clearance: chest x-ray: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** Per ODG: Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. This patient is undergoing a low risk procedure and does not have any documented pulmonary risk factors. CXR is not indicated. Therefore, the request is not medically necessary.

**Pre-op clearance: EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** Per ODG: 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. EKG is not medically necessary.

**Pre-op clearance: history & physical:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** ODG-TWC, Low Back updated 5/15/15 states: "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, 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." ODG supports a history and physical before hand surgery. Decision regarding lab studies or further investigation to ensure safe surgery depends on the outcome of the history and physical. A history in physical is required prior to ensure safe surgery. Therefore, the request is medically necessary.