

Case Number:	CM15-0212594		
Date Assigned:	11/03/2015	Date of Injury:	08/29/2013
Decision Date:	12/22/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	10/28/2015

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:

This is a 53 year old female who sustained a work-related injury on 8-29-13. She noted that her symptoms began 8-29-12 with numbness and tingling throughout both hands. Medical record documentation on 2-25-15 revealed the injured worker was being treated for left bilateral carpal tunnel syndrome, left cubital tunnel syndrome and possible medial epicondylitis of the left elbow. She reported numbness and tingling throughout all digits of both hands, left greater than right, and noted some nocturnal symptoms. Previous conservative treatment included chiropractic therapy, acupuncture therapy, therapy and night time bracing. She had not worked in two years. Objective findings related to the left upper extremity included no swelling or atrophy. She had mild tenderness to palpation at the medial epicondyle of the left elbow. She had normal sensation and circulation and her motor examination was intact. The injured worker exhibited full range of motion in all digits of the bilateral hands, bilateral wrists and bilateral elbows. She had left hand grip strength of 25. The injured worker had a positive Tinel's test at the ulnar nerve of the left elbow and median nerve of the bilateral wrists. She had positive bilateral Phalen's test. An EMG on 7-3-14 revealed bilateral carpal tunnel syndrome with underlying peripheral neuropathy. A request for left endoscopic carpal tunnel release (possible open) and associated services was received on 2-26-15. On 10-27-15 the Utilization Review physician determined left endoscopic carpal tunnel release (possible open) and associated services was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left endoscopic carpal tunnel release (poss open): Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

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

Decision rationale: The carpal tunnel release is medically necessary. According to the ACOEM guidelines, Chapter 11, page 270, surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. This patient has significant symptoms of carpal tunnel syndrome, an exam consistent with carpal tunnel syndrome and positive electrodiagnostic studies for median nerve compression. Per the ACOEM guidelines, carpal tunnel release is medically necessary.

Pre-op medical clearance, history and physical: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 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 diagnosed with both hypertension and diabetes. She is on multiple medications. Preoperative evaluation is warranted in view of her medical history that places her at increased risk for anesthetic complications. Therefore this request is medically necessary.

Pre-op CBC: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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 diagnosed with both hypertension and diabetes. She is on multiple medications. Preoperative laboratory evaluation is warranted in view of her medical history that places her at increased risk for anesthetic complications. Therefore this request is medically necessary.

Pre-op PTT/PTT/INR: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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 diagnosed with both hypertension and diabetes. She is on multiple medications. Preoperative laboratory evaluation is warranted in view of her medical history that places her at increased risk for anesthetic complications. Therefore this request is medically necessary.

Pre-op Chem 7: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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 diagnosed with both hypertension and diabetes. She is on multiple medications. Preoperative laboratory evaluation is warranted in view of her medical history that places her at increased risk for anesthetic complications. Therefore this request is medically necessary.

Pre-op urinalysis: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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 diagnosed with both hypertension and diabetes. She is on multiple medications. Preoperative laboratory evaluation is warranted in view of her medical history that places her at increased risk for anesthetic complications. Therefore this request is medically necessary.

Pre-op chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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 medically necessary.

Pre-op EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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.

Post-op occupational therapy 3 x 4 to the left wrist: 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 supports up to 8 visits following carpal tunnel release. The request for 12 visits exceeds guidelines. The records do not provide any rationale for why the guidelines should be exceeded. Therefore this request is not medically necessary.

Associated surgical service: Follow-up: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Follow-up Visits.

Decision rationale: ACOEM supports follow-up visits after medically necessary surgery. ACOEM supports medical necessity for the carpal tunnel releases. Follow-up is required for aftercare, assessment of outcome and suture removal. Therefore this request is medically necessary.