

Case Number:	CM15-0076742		
Date Assigned:	04/28/2015	Date of Injury:	06/01/2013
Decision Date:	05/28/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/21/2015

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 31-year-old female who sustained an industrial injury on 6/01/13, due to repetitive work activities as a shipping and receiving clerk. Past medical history stated there were no medical conditions requiring on-going treatment. The 12/1/14 treating physician report cited continued bilateral hand pain, numbness and weakness. She had not gotten her wrist braces. Physical exam documented decreased bilateral hand/wrist strength, positive bilateral Tinel's and Phalen's signs, and positive median nerve compression test. The diagnosis was bilateral carpal tunnel syndrome and upper extremity overuse syndrome. The treatment plan requested authorization for left carpal tunnel release, internal medicine pre-operative clearance, and 12 sessions of post-op physical therapy. The 3/9/15 progress report cited bilateral wrist pain with hand numbness and weakness. Physical exam documented positive Tinel's, Phalen's, and median nerve compression tests bilaterally. The diagnosis included bilateral carpal tunnel syndrome and upper extremity overuse syndrome. The treatment plan indicated that authorization for carpal tunnel release was pending. The treating physician stated that since this patient was young and healthy, she did not need to have pre-operative clearance other than basic lab tests that were required by the anesthesiologist. The 4/7/15 utilization review documented that the left carpal tunnel release had been authorized. The request for 12 post-op physical therapy sessions for the left hand/wrist was non-certified as this exceeded Post-Surgical Treatment Guidelines. The request for pre-operative clearance with internal medicine was non-certified as there were no medical conditions documented to warrant internal medicine pre-op clearance for a 31-year-old female.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 post operative physical therapy sessions left hand/wrist: 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 for post-operative physical therapy following a carpal tunnel release exceeds the initial and general recommendations for post-surgical treatment. Physical therapy to a total of 8 post-operative visits may be supported for this injured worker. There was no compelling reason to support an exception to guidelines. Therefore, this request is not medically necessary.

Internal medicine preoperative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7 Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. There is no rationale presented in the medical records to support the medical necessity of an internal medicine clearance for this reportedly young and healthy injured worker. Past medical history was negative for significant co-morbidities. Therefore, this request is not medically necessary.