

Case Number:	CM15-0080387		
Date Assigned:	05/01/2015	Date of Injury:	05/13/2014
Decision Date:	06/01/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/27/2015

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 49-year-old female, who sustained an industrial injury on 5/13/2014. She reported injury from a slip and fall. The injured worker was diagnosed as having lumbosacral sprain/strain, lumbar spasm, lumbar disc protrusion, right wrist sprain/strain, right de Quervain's disease, right hip and knee sprain/strain and lumbar degenerative disc disease.

Electromyography (EMG) of the bilateral upper extremities and bilateral lower extremities was within normal limits with the exception of left mild and right moderate carpal tunnel syndrome. Treatment to date has included wrist splints, physical therapy, TENS (transcutaneous electrical nerve stimulation), home exercises and medication management. In a progress note dated 4/15/2015, the injured worker complains of moderate achy low back pain, right wrist pain and right hip pain. The treating physician is requesting 2 weeks of cold therapy unit rental, 12 post-operative physical therapy visits and preoperative medical clearance with lab studies, chest x ray and electrocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: 2 Weeks rental of cold therapy unit: 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 Carpal tunnel syndrome, CCT, continuous cold therapy.

Decision rationale: The patient is a 49-year-old female who was certified for right carpal tunnel release. A request for a 2-week rental of a cold therapy unit was made. Based on ODG, a 1 week rental is considered medically necessary. Specifically, ODG indicates that Continuous Cold Therapy (CCT) is recommended as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than seven (7) days, including home use. Passive modalities, such as heat, should be minimized in favor of active treatments. Therefore, a 2-week rental should not be considered medically necessary.

12 Post - operative physical therapy visits for the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 15 and 16.

Decision rationale: As the right carpal tunnel release was considered medically necessary, postoperative physical therapy should be considered medically necessary based on the following guidelines: From page 15 and 16, Recommended as indicated below. There is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums shown below. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Carpal tunnel syndrome should not result in extended time off work while undergoing multiple therapy visits, when other options (including surgery for carefully selected patients) could result in faster return to work. Furthermore, carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery. Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months. Postsurgical treatment (open): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months. Initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d) (1) of this section. Therefore, based on these guidelines, 12 visits would exceed the initial course of therapy guidelines and should not be considered medically necessary. Up to 4 visits would be consistent with these guidelines.

1 Pre-op medical clearance, laboratories (CBC, PT, PTT, Urinalysis, Basic Metabolic Panel and HBGAIC) and diagnostics (Chest X-ray, Electrocardiography): 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 Low back pain, preoperative testing, general.

Decision rationale: The patient is a 49-year-old female who was certified for right carpal tunnel release. Preoperative medical clearance was requested including extensive laboratory testing and diagnostics. Based on the entirety of the medical record the patient is not noted to have evidence of significant illness that would require extensive work-up. However, a preoperative history and physical should be considered medically necessary to risk stratify the patient and determine if further medical testing is necessary. From ODG guidelines and as general anesthesia will likely be performed, preoperative testing should be 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, an entire preoperative medical clearance is not medically necessary, but a history and physical would be to drive further testing.