

Case Number:	CM14-0124370		
Date Assigned:	08/08/2014	Date of Injury:	09/10/2013
Decision Date:	10/14/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57-year-old male sustained an industrial injury on 9/10/13. Injury occurred while he was coming down a ladder and a roof hatch dropped onto the back of his head. Past medical history was reported as negative. He was diagnosed with C5/6 and L5/S1 disc herniations. The 6/23/14 electrodiagnostic study evidenced chronic C7 nerve root irritation on the right, bilateral moderate carpal tunnel syndrome, mild right cubital tunnel syndrome, and no evidence of radial neuropathy. The 7/9/14 treating physician report cited severe bilateral hand numbness. Physical exam documented decreased sensation in both hands with positive Tinel's at both elbows and wrists, and positive carpal tunnel compression test bilaterally. The patient had received appropriate non-operative treatment, including physical therapy, medications, injections, bracing, and rest, and remained disabled. Authorization was requested for right carpal tunnel and cubital tunnel release. Follow-up would be at the pre-op visit. The 7/25/14 utilization review approved a request for right carpal tunnel release and ulnar nerve neuroplasty at the elbow. The request for an assistant surgeon was denied as these procedures could be performed safely with one surgeon and one surgical assistant. The request for pre-op testing including lab, EKG, chest x-ray, and history and physical was modified to CBC and chemistry and EKG. The request for chest x-ray was denied due to absence of significant pulmonary dysfunction history. The request for history and physical was not medically necessary. The request for 12 visits of post-op physical therapy was modified and approved for 8 visits consistent with post-surgical treatment guidelines for carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant Surgeon: 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 Other Medical Treatment Guideline or Medical Evidence: Centers for Medicare and Medicaid services, Physician Fee Schedule

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT Code 64718, there is a "0" in the assistant surgeon column. However for CPT Code 29848, there is a "2". Therefore, based on the stated guideline, this request is medically necessary.

Preoperative History and Physical: 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 Other Medical Treatment Guideline or Medical Evidence: Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93

Decision rationale: The California Official Medical Fee Schedule states that under most circumstances, including ordinary referrals, the immediate preoperative visit in the hospital or elsewhere necessary to examine the patient, complete the hospital records, and initiate the treatment program is included in the listed value for the surgical procedure. There is no compelling reason to support the medical necessity of a separate certification for the history and physical which is part of the pre-operative process. There are no significant co-morbidities documented. Pre-operative testing has been addressed separately. Therefore, this request is not medically necessary.

Preoperative Chest XRay: 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 Other Medical Treatment Guideline or Medical

Evidence: ACR Appropriateness Criteria® routine admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011. 6 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that routine pre-operative chest radiographs are not recommended except when acute cardiopulmonary disease is suspected on the basis of history and physical examination, or there is a history of stable chronic cardiopulmonary disease in an elderly patient (older than age 70) without a recent chest radiograph within the past six months. Guideline criteria have been met. Middle aged males have known occult increased risk factors for cardiopulmonary disease that support the medical necessity of pre-procedure chest x-ray. Therefore, this request is medically necessary.

Post-operative Physical Therapy 3x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16, 18.

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. For ulnar nerve entrapment, the recommended general course is 20 visits over 10 weeks during the 6-month post-surgical treatment period. 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. The 7/24/14 utilization review recommended partial certification of 8 initial post-op physical therapy visits. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request is not medically necessary.