

Case Number:	CM14-0130546		
Date Assigned:	08/20/2014	Date of Injury:	05/15/2010
Decision Date:	10/24/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/15/2014

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 Internal Medicine and is licensed to practice in Virginia and The District of Columbia. 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 is a 69 year old patient who sustained injury on May 15 2010. The patient had carpal tunnel syndrome diagnosed and had an EMG and NCV which showed bilateral upper extremities with carpal tunnel syndrome and median nerve entrapment. In Oct 2011 the patient had a left carpal tunnel release. She was given Celebrex and Tylenol in Mar 15 2011. She had a repeat NCV on Aug 1 2011 showing persistent carpal tunnel syndrome. She underwent left carpal tunnel release in Sept 19 2011. She had 8 visits of physical therapy over five weeks to the related small trigger finger release of the first dorsal extensor compartment and carpal tunnel release. She suffered from persistent neck pain and bilateral shoulder and wrist pain. She was diagnosed with cervical sprain and bilateral shoulder sprain, wrist tendinitis and right carpal tunnel syndrome on Feb 4 2014 by [REDACTED]. She had ongoing numbness and tingling from the thumb to the middle finger of her left hand, which did not resolve complement following carpal tunnel release. She was diagnosed with right carpal tunnel syndrome and was ordered to have neutral wrist splints and NSAIDS, as well as activity modification, counterforce brace, physical therapy, home exercise program, and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right carpal tunnel release (CTR): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines: Indications for Surgery -- Carpal Tunnel Release

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

Decision rationale: Per ODG, the indications for surgery:
A.Symptoms of pain/numbness/paresthesia/impaired dexterity, requiring two of the following:
a.Abnormal katz hand diagram scores[based on description of symptoms in records]
b.Night pain symptoms
c.Flicks signs(shaking hand)
B.Findings by physical exam, requiring three of the following:
a.Durkan's compression test
b.Semmes-weinstein monofilament test
c.Phalen's sign
d.Tinel's sign
e.Decreased two point discrimination
f.Mild thenar weakness
C.Comorbidities: no current pregnancy
D.Initial conservative treatment, requiring four of the following:
a.Activity modification > = one month
b.Wrist splint >= one month
c.Nonprescription analgesia (ie acetaminophen)
d.Physical therapy referral for home exercise training
e.Successful initial outcome from corticosteroid injection trial
E.Positive electrodiagnostic testing, after one month of initial conservative treatment
The patient did have multiple conservative therapies tried but none of these were successful. Per the guidelines listed, this intervention would be indicated.

Right ulnar nerve decompression: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines: Indications for Surgery - Carpal Tunnel Release

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

Decision rationale: Per ODG, the indications for surgery:
F.Symptoms of pain/numbness/paresthesia/impaired dexterity, requiring two of the following:
a.Abnormal katz hand diagram scores[based on description of symptoms in records]
b.Night pain symptoms
c.Flicks signs(shaking hand)
G.Findings by physical exam, requiring three of the following:
a.Durkan's compression test
b.Semmes-weinstein monofilament test
c.Phalen's sign
d.Tinel's sign
e.Decreased two point discrimination
f.Mild thenar weakness
H.Comorbidities: no current pregnancy
I.Initial conservative treatment, requiring four of the following:
a.Activity modification > = one month
b.Wrist splint >= one month
c.Nonprescription analgesia (ie acetaminophen)
d.Physical therapy referral for home exercise training
e.Successful initial outcome from corticosteroid injection trial
J.Positive electrodiagnostic testing, after one month of initial conservative treatment
The patient did have multiple conservative therapies tried but none of these were successful. Per the guidelines listed, this intervention would be indicated.

Complete blood count (CBC): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://content.onlinejacc.org/article.aspx?articleid=1893784> and <http://www.aafp.org/afp/2013/0315/p414.html>

Decision rationale: MTUS does not specifically address preoperative testing so alternative guidelines were cited. The patient had no known comorbidities which would suggest the need for further lab testing prior to proceeding to the operating room and would not be indicated.

Basic metabolic panel (BMP): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://content.onlinejacc.org/article.aspx?articleid=1893784> and <http://www.aafp.org/afp/2013/0315/p414.html>

Decision rationale: MTUS does not specifically address preoperative testing so alternative guidelines were cited. The patient had no known comorbidities which would suggest the need for further lab testing prior to proceeding to the operating room and would not be indicated.

Electrocardiogram (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 Other Medical Treatment Guideline or Medical Evidence: <http://content.onlinejacc.org/article.aspx?articleid=1893784> and <http://www.aafp.org/afp/2013/0315/p414.html>

Decision rationale: MTUS does not specifically address preoperative testing so alternative guidelines were cited. The patient had no known comorbidities which would suggest the need for further lab testing prior to proceeding to the operating room and would not be indicated.

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 Other Medical Treatment Guideline or Medical Evidence: <http://content.onlinejacc.org/article.aspx?articleid=1893784>
<http://www.aafp.org/afp/2013/0315/p414.html>

Decision rationale: MTUS does not specifically address preoperative testing so alternative guidelines were cited. The patient had no known comorbidities which would suggest the need for further lab testing prior to proceeding to the operating room and would not be indicated.

Post op physical therapy #12: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-12.

Decision rationale: Per MTUS, (1) The postsurgical treatment guidelines apply to visits during the postsurgical physical medicine period only and to surgeries as defined in these guidelines. At the conclusion of the postsurgical physical medicine period, treatment reverts back to the applicable 24-visit limitation for chiropractic, occupational and physical therapy pursuant to Labor Code section 4604.5(d)(1). (c) Postsurgical Patient Management (1) Only the surgeon who performed the operation, a nurse practitioner or physician assistant working with the surgeon, or a physician designated by that surgeon can make a determination of medical necessity and prescribe postsurgical treatment under this guideline. (2) The medical necessity for postsurgical physical medicine treatment for any given patient is dependent on, but not limited to, such factors as the comorbid medical conditions; prior pathology and/or surgery involving same body part; nature, number and complexities of surgical procedure(s) undertaken; presence of surgical complications; and the patient's essential work functions. (3) If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. 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. (4) Patients shall be reevaluated following continuation of therapy when necessary or no later than every forty-five days from the last evaluation to document functional improvement to continue physical medicine treatment. Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. (A) In the event the patient sustains an exacerbation related to the procedure performed after treatment has been discontinued and it is determined that more visits are medically necessary, physical medicine treatment shall be provided within the postsurgical physical medicine period. (B) In cases where no functional improvement is demonstrated, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period. (5) Treatment is provided to patients to facilitate postsurgical functional improvement. (A) The surgeon who performed the operation, a nurse practitioner or physician assistant working with the surgeon, or physician designated by that

surgeon, the therapist, and the patient should establish functional goals achievable within a specified timeframe. (B) Patient education regarding postsurgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits. Per the MTUS guidelines, the physical therapy visits are medically indicated to improve the patient's functioning in the post-operative setting.