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| <b>Case Number:</b>   | CM14-0148192 |                              |            |
| <b>Date Assigned:</b> | 09/18/2014   | <b>Date of Injury:</b>       | 04/07/2010 |
| <b>Decision Date:</b> | 10/16/2014   | <b>UR Denial Date:</b>       | 09/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/11/2014 |

### 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:

The claimant is a 55-year-old gentleman who injured his left upper extremity in work-related accident on 04/07/10. The medical records provided for review document that the claimant is scheduled to undergo carpal tunnel release surgery and the surgery has been authorized by the utilization review process. There are currently requests for preoperative testing to include blood work, chest x-ray, EKG and a urinalysis. There is also a request for 12 sessions of postoperative physical therapy. The medical records do not document any past medical history, comorbidities or current medical problems unrelated to carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physical therapy; twelve sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** California MTUS Postsurgical Rehabilitative Guidelines do not support the request for 12 sessions of postoperative therapy. The Postsurgical Guidelines recommend three to eight sessions of physical therapy following carpal tunnel release. Therefore, the requested 12 sessions would exceed the Postsurgical Guidelines and there is no documentation in the records

to explain why the claimant would be an exception to the standard treatment guidelines. Therefore, this request is not medically necessary.

**Pre-op labs: UA, PT/PTT with INR, CBC with diff, basic metabolic panel:** 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), Treatment in Workers Compensation (TWC), Low Back Procedure Summary (updated 8/22/2014)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** California ACOEM Guidelines do not support the request for preoperative lab testing as requested. The medical records for review do not contain any documentation that the claimant has a history of underlying comorbidities, medical issues or significant risk factors that would support the role of lab testing in question. Typically, carpal tunnel procedures are performed under local anesthetic with minimal blood loss and minimal perioperative risk. Therefore, the request for preoperative lab testing would not be supported and this request is deemed not medically necessary.

**Chest x-ray:** 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), Treatment in Workers Compensation (TWC), Low Back Procedure Summary (updated 8/22/2014)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** California ACOEM Guidelines also would not support the request for a preoperative chest x-ray. The medical records for review do not contain any documentation that the claimant has a history of underlying comorbidities, medical issues or significant risk factors that would support the need for a chest x-ray prior to surgery. Specific request in this case in direct relationship to the claimant's carpal tunnel release procedure surgery would not be supported. Therefore, this request is not medically necessary.

**EKG:** 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),

Treatment in Workers Compensation (TWC), Low Back Procedure Summary (updated 8/22/2014)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127

**Decision rationale:** California ACOEM guidelines would not support an EKG. The medical records for review do not contain any documentation that the claimant has a history of underlying comorbidities, a history of cardiac disease or significant risk factors that would support the role of EKG prior to carpal tunnel release surgery. Specific request in this case would not be supported therefore, this request is not medically necessary.