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| Case Number: | CM14-0175235 | | |
| Date Assigned: | 10/28/2014 | Date of Injury: | 06/05/2013 |
| Decision Date: | 01/20/2015 | UR Denial Date: | 09/30/2014 |
| Priority: | Standard | Application Received: | 10/23/2014 |

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 General Surgery, has a subspecialty in Surgery of the Hand and is licensed to practice in Texas. 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 36 year old female who sustained an industrial injury on 6/05/13. The injured worked tripped and fell landing on all four extremities. The patient was diagnosed with carpal tunnel syndrome. A 10/06/14 progress notes documented the patient presented at the provider's office for discussion of her pre-operative and post-operative surgical instructions. She was to have a right wrist carpal tunnel release. She complained of marked weakness, numbness and tingling of her thumb, index and long fingers. She also had marked tenderness about the volar aspect of her wrist, with positive Tinel's and Phalen's sign at 15 seconds. Positive carpal tunnel compression test was noted. Treatment plan included carpal tunnel release. Medications dispensed were Hydrocodone/APAP, Orphenadrine, Diclofenac sodium and Pantoprazole sodium ER. Prescription for Flurbiprofen/Cyclo/Menthol 20%/10%/4% cream and Keratek gel was provided. UDS was also requested. A 9/22/14 RFA documented a request for right wrist carpal tunnel release, assistant surgeon, post-op PT 2x8 and physical exam which included CBC, CMP, PT/PTT, UA, EKG and chest x-ray. A 9/04/14 progress notes documented that due to failed non-operative treatments, a request for a carpal tunnel release was recommended. A 7/24/14 progress notes referenced an undated x-ray of the bilateral wrist which showed mild soft tissue swelling. 8/26/14 electrodiagnostic studies documented evidence of bilateral carpal tunnel syndrome affecting sensory and motor components with chronic denervation. The treatment to date has included pain medication, physical therapy, neurological studies, bracing, injections, chiropractic care and rest. The patient underwent right wrist carpal tunnel release, flexor tendon tenosynovectomy with intra-articular injection on 10/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant Surgeon/PA: 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 Official Disability Guidelines (ODG) Low Back Chapter, Surgical assistant

Decision rationale: Medical necessity for assistant surgeon/PA is not established. The ODG states that surgical assistant is recommended as an option in more complex surgeries. However, the requested carpal tunnel release surgery is not a complex procedure that would necessitate an assistant surgeon. It is unclear why assistance from a scrub nurse alone is not suitable enough in performing a carpal tunnel release procedure. The request is not medically necessary.

Medical Clearance (CBC, CMP, PT/PTT, UA EKG, CXR): 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 Official Disability Guidelines (ODG) Low Back Chapter, Preoperative electrocardiogram (ECG)

Decision rationale: Medical necessity for medical Clearance (CBC, CMP, PT/PTT, UA EKG, and CXR) is not established. The ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management. However, the medical notes provided for review have not provided documentation of any medical condition that requires a pre-operative screening/evaluation. In addition, this case has not provided evidence that this patient suffers from a concomitant disease that increases the risk for pulmonary complications, anemia, electrolyte abnormalities, renal failure and bleeding. The physical examination has no indication to suggest that this patient is at high risk for any surgical complications to support the need for a preoperative testing. The request is not medically necessary.

Post-Op Physical Therapy 2x8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Physical Medicine Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal tunnel syndrome (ICD9 354.0), Postsurgical treatment (endoscopic): 3-8 visits over 3-5 we.

Decision rationale: Medical necessity for post-op physical therapy 2x8 is not established. The CA MTUS postsurgical treatment guidelines recommend 3-8 therapy visits over a period of 3-5

weeks for postsurgical rehabilitation of both endoscopic and open carpal tunnel release surgery. The current request of 16 post-op therapy visits has far exceeded guideline recommendations. The request is not medically necessary.