

Case Number:	CM14-0204342		
Date Assigned:	12/16/2014	Date of Injury:	06/28/2010
Decision Date:	02/18/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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: California
 Certification(s)/Specialty: Orthopedic 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 patient is a 57-year-old male who has submitted a claim for cervical spondylosis lumbosacral spondylosis, compression neuropathy of right ulnar nerve, hypertension, and chronic obstructive pulmonary disease associated with an industrial injury date of 6/28/2010. Medical records from 2014 were reviewed. The patient complained of right wrist pain associated with stiffness and weakness radiating to the right forearm. Physical examination of the right wrist showed tenderness of the volar and lateral aspects, positive Finkelstein's test, and positive carpal compression test. A specialist from Internal Medicine examined the patient on 11/1/2014 and he was recommended to discontinue smoking, to undergo echocardiogram for evaluation of premature atrial contractions, and to continue albuterol inhaler. The chest x-ray from 11/1/2014 was unremarkable. The chemistry panel revealed normal levels except for potassium of 5.9 mEq/L. Treatment to date has included left carpal tunnel release, right shoulder surgery in December 2013, cervical spine surgery in February 2014, physical therapy, and medications such as lisinopril and albuterol inhaler. The patient is certified to undergo right carpal tunnel decompression. The utilization review from 11/10/2014 modified the request for post-operative physical therapy 2x6 into 8 sessions to meet guideline recommendation; denied preoperative medical clearance because of no significant medical conditions documented; modified the request for blood work into complete blood count and complete metabolic profile as part of pre-operative procedure; and modified the request for EKG and chest x-ray into EKG only because of absence of pulmonary dysfunction to warrant chest x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Post-operative Physical Therapy 2 times a week for 6 weeks: 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): 23.

Decision rationale: CA MTUS Post-Surgical Treatment Guidelines recommend 20 visits of physical therapy over 10 weeks as post-operative treatment for ulnar nerve entrapment. The 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. In this case, the patient is certified to undergo right carpal tunnel decompression. The medical necessity for post-operative physical therapy has been established. However, the requested number of visits exceeded the guideline recommendation of 10 trial visits. There is no discussion concerning need for variance from the guidelines. Therefore, the request for associated surgical service: post-operative physical therapy 2 times a week for 6 weeks is not medically necessary.

Associated surgical service: Pre-operative medical clearance: 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 Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Testing, General.

Decision rationale: CA MTUS does not specifically address preoperative testing. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official disability Guideline (ODG) was used instead. ODG states that preoperative testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. In this case, the patient is certified to undergo right carpal tunnel decompression. He is also a known case of hypertension and chronic obstructive pulmonary disease. A specialist from Internal Medicine examined the patient on 11/1/2014 and a clearance was not given due to hyperkalemia and pending echocardiogram results. The medical necessity for a follow-up visit has been established to re-assess the patient's status prior to surgery. Therefore, the request for associated surgical service: pre-operative medical clearance is medically necessary.

Associated surgical service: 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 Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Lab Testing.

Decision rationale: CA MTUS does not specifically address preoperative lab testing. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that criteria for preoperative lab testing include: (1) preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material; (2) electrolyte and creatinine testing should be performed in patients with chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure; (3) random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus; (4) a complete blood count is indicated for patients with diseases that increase the risk of anemia or in whom significant perioperative blood loss is anticipated; and (5) coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding. In this case, the patient is certified to undergo right carpal tunnel decompression. He is also a known case of chronic obstructive pulmonary disease. A specialist from Internal Medicine examined the patient on 11/1/2014 and a clearance was not given due to pending echocardiogram results. This is a request for chest x-ray. However, a chest x-ray was already performed on 11/1/2014 with unremarkable results. It is unclear why repeat testing is necessary at this time. Therefore, the request for associated surgical service: chest x-ray is not medically necessary.