

Case Number:	CM15-0010828		
Date Assigned:	01/28/2015	Date of Injury:	04/30/2014
Decision Date:	04/14/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/19/2015

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, Sports Medicine

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 injured worker is a 22-year-old male who reported an injury on 04/30/2014. The mechanism of injury involved repetitive activity. The current diagnoses include right shoulder impingement /bursitis, right elbow lateral epicondylitis, and right wrist carpal tunnel syndrome. The injured worker presented on 11/13/2014 for a follow-up evaluation with complaints of right shoulder pain, right elbow pain, and right wrist pain. The injured worker noted constant aching pain with radiating numbness into the center of the palm and fingers on the right. The injured worker also reported difficulty sleeping and a tingling sensation when gripping objects. Treatment has consisted of chiropractic therapy for the neck and low back, physical therapy for the right upper extremity, and a right carpal tunnel steroid injection. The current medication regimen includes Norco 10/325 mg, LidoPro cream, and over the counter Tylenol. Upon examination of the right wrist and hand, there was tenderness to palpation over the volar aspect of the wrist and thenar eminence, negative instability, positive Tinel's and Phalen's sign, 5/5 motor strength, and intact sensation. X-rays of the right wrist obtained on 05/12/2014 revealed no evidence of an acute fracture, dislocation, or bony pathology. An EMG report dated 06/19/2014 revealed bilateral median nerve entrapment at the wrist. Recommendations at that time included a right carpal tunnel release. A Request for Authorization form was then submitted on 11/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management, and have clear clinical and special study evidence of a lesion. Carpal tunnel syndrome must be proved by positive findings on clinical examination and supported by nerve conduction tests. The previous request was denied secondary to a lack of documentation of the EMG report to confirm the diagnosis. However, the injured worker's electrodiagnostic report completed on 06/19/2014 was submitted for this review and does reveal evidence of mild bilateral carpal tunnel syndrome. The injured worker has been extensively treated with physical therapy for the right wrist, medication management, and a steroid injection. Despite ongoing treatment, the injured worker continues to report persistent pain, radiating numbness, and a tingling sensation when gripping objects. The injured worker also reports pain at night with difficulty sleeping secondary to pain. Upon examination of the right wrist, there is documentation of a positive Tinel's and Phalen's sign with tenderness to palpation over the volar aspect of the wrist and over the thenar eminence. Given the patient's persistent symptoms despite an exhaustion of conservative treatment, as well as the positive electrodiagnostic evidence of carpal tunnel syndrome, the request for a right carpal tunnel release can be determined as medically appropriate in this case.

Pre-operative clearance with [REDACTED]: 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 testing, general.

Decision rationale: The Official Disability Guidelines state the decision to order preoperative testing should be guided by the patient's clinical history, co-morbidities, and physical examination findings. In this case, there is no documentation of a significant medical history or any co-morbidities to support the necessity for preoperative testing. The injured worker is a 22-year-old male with no evidence of any co-morbidities. As the medical necessity has not been established, the request is not medically appropriate at this time.

Pre-operative studies - EKG, Labs (CBC, Chem 7, PT/PTT/INR): 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 testing, general.

Decision rationale: The Official Disability Guidelines state the decision to order preoperative testing should be guided by the patient's clinical history, co-morbidities, and physical examination findings. In this case, there is no documentation of a significant medical history or any co-morbidities to support the necessity for preoperative testing. The injured worker is a 22-year-old male with no evidence of any co-morbidities. As the medical necessity has not been established, the request is not medically appropriate at this time.

Post-operative Ice therapy - cold compression therapy for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous flow cryotherapy.

Decision rationale: California MTUS/ACOEM Practice Guidelines state patients' at home local applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. In this case, it is noted that the injured worker has been issued authorization for a right carpal tunnel release. However, the request for a postoperative ice therapy unit is not medically necessary as there is no mention of a contraindication to local applications of cold packs. The Official Disability Guidelines recommend continuous flow cryotherapy for up to 7 days after surgery. The request for a 3-week rental would also exceed guideline recommendations. Given the above, the request is not medically appropriate.

Post-operative occupational therapy evaluation/treatment for the right hand, twice weekly for four 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): 10 and 16.

Decision rationale: California MTUS Guidelines state the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a carpal tunnel release includes 3 to 8 visits over 3 to 5 weeks. The current request for hand

therapy twice per week for 4 weeks exceeds guideline recommendations. Therefore, the request is not medically appropriate.

Post-operative physical therapy for the right elbow, twice weekly for six 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): 10.

Decision rationale: California MTUS Guidelines state the initial course of therapy means 1 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 injured worker has been issued authorization for a right carpal tunnel release. There is no indication that this injured worker is scheduled to undergo a right elbow surgery. The medical necessity for postoperative physical therapy for the right elbow has not been established in this case. Given the above, the request is not medically appropriate.

Post-surgical follow up with [REDACTED]: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

Decision rationale: California MTUS/ACOEM Practice Guidelines state physical follow-up can occur when the patient needs a release to modified, increased, or full duty or after appreciable healing or recovery can be expected. In this case, it is noted that the injured worker has been issued authorization for a right carpal tunnel release. Therefore, a postoperative follow-up visit can be determined as medically necessary at this time. Therefore, the request for 1 postoperative follow-up visit is medically appropriate.