

Case Number:	CM15-0115408		
Date Assigned:	06/23/2015	Date of Injury:	07/21/2009
Decision Date:	08/04/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/16/2015

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: Oregon
 Certification(s)/Specialty: Plastic Surgery, Hand 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:

This 50 year old female sustained an industrial injury on 7/21/09. She subsequently reported right wrist pain. Diagnoses include status post de Quervain's release and neuritis of the sensory branch of the radial nerve. Treatments to date include MRI and x-ray testing, wrist surgery, bracing, physical therapy and prescription pain medications. The injured worker continues to experience right wrist pain. Upon examination, positive Tinel's of the sensory branch at the radial aspect of the wrist was noted. Negative Finkelstein's test. A request for Right wrist neurolysis of sensory branch of radial nerve, medical clearance and post operative occupational therapy- quantity: 8 sessions was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist neurolysis of sensory branch of radial nerve: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: According to ACOEM Chapter 11, page 270, "Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature, Fail to respond to conservative management, including worksite modifications, Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. This patient has undergone a previous first compartment release. The radial nerve overlies the first compartment and is likely encased in scar. The nerve is irritable to touch. MRI does not demonstrate any other etiology for her pain. There are no conservative treatments for this diagnosis. Neurolysis is the most appropriate and in fact only treatment for her diagnosis. Therefore the request is medically necessary.

Medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 Edition, pages 92-93.

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.

Decision rationale: ODG-TWC, Low Back updated 5/15/15 states: "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Patients in their usual state of health who are undergoing cataract surgery do not require preoperative testing. (Feely, 2013) Routine preoperative tests are defined as those done in the absence of any specific clinical indication or purpose and typically include a panel of blood tests, urine tests, chest radiography, and an electrocardiogram (ECG). These tests are performed to find latent abnormalities, such as anemia or silent heart disease that could impact how, when, or whether the planned surgical procedure and concomitant anesthesia are performed. It is unclear whether the benefits accrued from responses to true-positive tests outweigh the harms of false-positive preoperative tests and, if there is a net benefit, how this benefit compares to the resource utilization required for testing. An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. However, the relative effect on patient and surgical outcomes, as well as resource utilization, of these two approaches is unknown. (AHRQ, 2013) The latest AHRQ comparative effectiveness research on the benefits and harms of routine preoperative testing concludes that, except for

cataract surgery, there is insufficient evidence comparing routine and per-protocol testing". There is insufficient evidence to support routine preoperative testing for low risk procedures, and in this case, the records do not document any medical issues that require selective preoperative testing. She denies any medical problems, and her procedure is low risk. The request is not medically necessary.

Post operative occupational therapy, quantity: 8 sessions: Overturned

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): 21.

Decision rationale: MTUS does not specifically address neurolysis. The closest guideline is: Radial styloid tenosynovitis (de Quervain's) (ICD9 727.04): Postsurgical treatment: 14 visits over 12 weeks. Postsurgical physical medicine treatment period: 6 months. The surgeons request for 8 sessions is consistent with the guidelines. The request is medically necessary.