

<b>Case Number:</b>	CM15-0128876		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 43 year old female, who sustained an industrial injury on 11/26/2012. She reported developing pain, numbness, tingling and weakness in the right upper extremity from repetitive type work. Diagnoses include right side acute carpal tunnel syndrome and myofascial tendinitis of the right elbow. The records indicated a diagnosis of rheumatoid arthritis. Treatments to date include activity modification, ice treatments, methotrexate and Prednisone, wrist splints, and therapeutic injections. Currently, she complained of ongoing right wrist pain and weakness. On 5/26/15, the physical examination documented a positive Tinel's test, Phalen's test and reverse Phalen's test. The plan of care included carpal tunnel release and associated services. The appeal request is for post-operative physical therapy sessions, eight sessions, for the right hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical services: Post-operative physical therapy 2xWk x 5Wks to the right hand: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines  
Page(s): 15-16.

**Decision rationale:** This request under dispute pertains to post-operative physical therapy following carpal tunnel surgery. The Post-Surgical Treatment Guidelines of the MTUS recommend 3-8 visits of physical therapy following the surgical treatment of carpal tunnel syndrome (CTS). The time course for this post-op rehabilitation is 3-5 weeks. According to the notes, the patient has planned carpal tunnel surgery and the requesting provider is asking for 10 sessions of physical therapy post-operatively. This is in excess of the CA MTUS, and the IMR process does not provide modification of original requests. The current request is not medically necessary.

**Associated surgical services: Assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Surgical Assistant.

**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:** Regarding the request for a surgical assistant, the CA MTUS does not directly address this issue. Instead, the ODG Low Back Chapter is cited which specifies that surgical assistants are needed during complex surgeries such as spinal fusions. In this case, there is no specific guideline on carpal tunnel release. However, this is generally not considered a complex surgery, and it is not clear why a surgical assistant is necessary. This request is not medically necessary.

**Associated surgical services: Pre-operative Labs: BMP, EKG:** 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 & Neck Chapters, Preoperative electrocardiogram (ECG), Preoperative lab testing.

**Decision rationale:** Regarding the request for EKG, California MTUS and ACOEM do not contain criteria for the use of preoperative EKG. ODG states preoperative electrocardiogram 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. Although this information is cited from the Low Back Chapter, it is relevant to surgical procedures in general. Specifically, there is a statement that endoscopic surgeries are considered low risk. With regard to the BMP test, ODG states "preoperative electrolyte and creatinine clearance testing should be performed in patients with underlying

chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure." Within the information made available for review, there is no indication of a high-risk surgery or intermediate-risk surgery with additional risk factors. In the absence of such documentation, the currently requested EKG is not medically necessary. Similarly, there is absence of risk factors identified which would require renal or electrolyte testing, and the BMP is not medically necessary.

**Associated surgical services: Keflex 500mg capsule #12 with no refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Infectious Diseases, Cephalexin (Keflex).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Clinical practice guideline for the Patient Safety at Surgery Settings." From the National Guideline Clearing House. Harness N et al. "Rate of Infectious after Carpal Tunnel Release Surgery and Effect of Antibiotic Prophylaxis." J Hand Surg Am. 2010 Feb; 35 (2): 189-96. doi: 10.1016/j.jhsa.2009.11.012.

**Decision rationale:** Regarding the request for antibiotics peri-operative, MTUS and ODG do not address the issue. The National Guidelines Clearinghouse provided Guidelines which state narrow-spectrum and cheaper antibiotics must be the first choice for antibiotic prophylaxis in surgery. A single standard dose of antibiotic is sufficient for prophylaxis in most circumstances, except if surgery lasts longer than four hours or if loss of blood exceeds 1500 cc. A further two doses of antibiotics may be needed in the case of lengthy operations (i.e., over four hours in length), or in the case of significant loss of blood (>1500 ml) during surgery. Within the information made available for review, the planned procedure is a carpal tunnel release and this would not require antibiotic prophylaxis per NGC. Furthermore, a retrospective review indicated no advantage of antibiotic prophylaxis for carpal tunnel release surgeries. Therefore, this request is not medically necessary.