

Case Number:	CM15-0166964		
Date Assigned:	09/09/2015	Date of Injury:	04/11/2013
Decision Date:	11/02/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/25/2015

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, Hand 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 58-year-old male who sustained a work related injury April 11, 2013. Past history included status post arthroscopic surgery of the right shoulder. Diagnosis is documented as carpal tunnel syndrome of the right wrist, refractory to conservative treatment. According to a primary treating physician's progress report, dated May 11, 2015, the injured worker presented with constant pain in his right wrist and shooting pain in his right shoulder, with numbness and tingling in all digits, greater in the first three digits. He has completed courses of acupuncture, splinting to his right wrist, oral anti-inflammatory medication, a home exercise program, icing, cortisone injections, and physical therapy. Orthopedic examination revealed; right shoulder arthroscopic portals are healed, abduction is to 165 degrees; right wrist reveals tenderness at the carpal tunnel, Tinel's and Phalen's test are positive and numbness in the distribution area of the median nerve with loss of grip power. At issue, is the request for authorization, dated May 19, 2015, for right carpal tunnel release, medical clearance, post-operative physical therapy, Norco and Keflex. The primary treating physician documented, March 30, 2015, an EMG (electromyography) and nerve conduction studies of the upper extremities, dated June 11, 2014, revealed mild right carpal tunnel syndrome. According to utilization review performed August 7, 2015, the request for right carpal tunnel release, medical clearance, post-operative physical therapy x 12, twice a week for six weeks to the right wrist, Norco 10/325mg #60 and Keflex 500mg #30 was recommended as follows; Norco is certified, right carpal tunnel release and medical clearance is modified to; right carpal tunnel release and physical therapy is modified to 4 sessions, as the initial course of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Low Back- Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Noncardiac Surgery: Guidelines and Recommendations Molly A. Feely, MD; C. Scott Collins, MD; Paul R. Daniels, MD; Esayas B. Kebede, MD; Aminah Jatoi, MD; and Karen F. Mauck, MD, MSc, Mayo Clinic, Rochester, Minnesota Am Fam Physician. 2013 Mar 15; 87(6):414-418.

Decision rationale: The California MTUS does not address preoperative testing. An extensive systematic review referenced above concluded that there was no evidence to support routine preoperative testing. More recent practice guidelines recommend testing in select patients guided by a per-operative risk assessment based on pertinent clinical history and examination findings, although this recommendation is based primarily on expert opinion or low-level evidence. In this case, there is no documented medical history to support the need for the requested evaluation; rather, records indicate the injured worker has undergone recent shoulder surgery without medical or anesthetic complications. Therefore, the request is not medically necessary.

Post-operative physical therapy to the right wrist (12 sessions, 2 times per week for 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: The California MTUS notes that, there is limited evidence demonstrating effectiveness of therapy for carpal tunnel syndrome and, carpal tunnel release surgery is a relatively simple operation that should not require extensive therapy visits for recovery. The guidelines support 3-8 therapy sessions over 3-5 weeks after carpal tunnel release surgery. An initial course of therapy is defined as one-half the maximal numbers of visits, 4 sessions following carpal tunnel surgery. Additional therapy sessions up to the maximum allowed is appropriate only if there is documented functional improvement defined as clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. The request exceeds guideline recommendations; therefore, the request is not medically necessary.

Keflex 500mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, 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 guidelines for antimicrobial prophylaxis in surgery. Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm. 2013 Feb 1;70(3):195-283, <http://www.guideline.gov/content.aspx?id=39533>.

Decision rationale: The California MTUS does not discuss prophylactic antibiotics for surgery. This is a request for a 7-day course of prophylactic antibiotics for clean elective hand surgery. Current guidelines recommend a single preoperative dose or continuation for not more than 24 hours. A 7-day course of antibiotics is not medically necessary.