

Case Number:	CM15-0170379		
Date Assigned:	10/02/2015	Date of Injury:	07/21/2009
Decision Date:	11/16/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/28/2015

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, Indiana, Oregon
 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:

This is a 41 year old female with date of injury on 7-21-09. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral hand pain. Progress report dated 7-29-15 reports doing fairly well since right carpal tunnel release on 5-12-15. She has complaints of left hand pain with tingling and numbness and has difficulty with lifting, pulling, and pushing activities. She has had 6-8 session of physical therapy. Objective findings: left wrist is tender to palpation, positive Tinel's sign, positive Phalen's test, there is hypoesthesia and numbness over the radial three fingers. Work status: temporarily totally disabled. Nerve conduction studies performed on 7-9-14 reveals abnormal NCV SSEP of the upper extremities in a pattern consistent with bilateral median neuropathies. Request for authorization was made for right wrist glove, pre-op medical clearance with an internal medicine specialist, post-op physical therapy left wrist 1 time per week for 12 weeks and cold therapy unit (rental or purchase). Utilization review dated 8-18-15 non-certified all except for two of the requests were given partial certification; physical therapy for left hand wrist 8 sessions and cold therapy unit 7 day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist glove: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.imakproducts.com/Products/SmartGloveWithThumb.aspx>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bury et al 'Prospective, Randomized Trial of Splinting after Carpal Tunnel Release' Annals of Plastic Surgery July 1995 Volume 35, Issue 1.

Decision rationale: CA MTUS/ACOEM are silent on the issue of post-operative splinting after carpal tunnel release. ODG is silent as well. Referenced is Bury et al 'Prospective, Randomized Trial of Splinting after Carpal Tunnel Release' Annals of Plastic Surgery July 1995 Volume 35, Issue 1. In this study there was no benefit of splinting compared to bulky dressing. Therefore the request is not medically necessary.

Pre-operative medical clearance with an internal medicine specialist: 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).

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: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, 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. Preoperative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. CBC is recommended for surgeries with large anticipated blood loss. Creatinine is recommended for patient with renal failure. 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. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is healthy without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore the request is not medically necessary.

Post-operative physical therapy (left wrist) 1 x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, page 16, 3-8 visits over a 3 month period is authorized. Half of the visits are initially recommended pending re-evaluation. In this case the request exceeds the initial recommended treatment number and is therefore not medically necessary.

Cold therapy unit (rental or purchase): 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy for the hand. According to ODG, Forearm, Wrist and Hand, cryotherapy is recommended for up to seven days post-operatively. The definition of DME in the same reference states that the units are typically able to be rented and used by consecutive patients. In this case the request is for purchase and is not medically necessary.

Associated surgical service: Sling: 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).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care.

Decision rationale: According to the California MTUS guidelines, Shoulder complaints Chapter 9 pages 212-214, it is recommended to use a brief use of the sling for severe shoulder pain (1-2 days) with pendulum exercises to prevent stiffness and cases of rotator cuff conditions, and prolonged use of the sling only for symptom control is not supported. In this case the use of a shoulder sling would be contraindicated following carpal tunnel release to prevent adhesive capsulitis. The request for a sling is not medically necessary and appropriate.