

Case Number:	CM15-0172582		
Date Assigned:	09/14/2015	Date of Injury:	06/10/2014
Decision Date:	10/14/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/01/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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:

The injured worker is a 36 year old female, who sustained an industrial injury on 6-10-04. The injured worker was diagnosed as having lumbar sprain-strain; discogenic disc disease lumbar; radiculitis left lower extremity; bilateral carpal tunnel syndrome. Treatment to date has included bilateral carpal tunnel release (2010); physical therapy; acupuncture; medications. Diagnostics studies included EMG-NCV study upper extremities (7-30-14). Currently, the PR-2 notes dated 7-27-15 indicated the injured worker was seen in this office as a repeat evaluation. She is currently being treated for her bilateral carpal tunnel syndrome that the provider states was confirmed by electrodiagnostic studies. She reports continued intermittent paresthesias that awaken her at night and interfere with activities. On physical examination, he notes, she continues to have positive Tinel's and Phalen's sign with positive compression bilaterally. The EMG-NCV study he notes confirms mild to moderate bilateral carpal tunnel syndrome. He notes she has failed non-operative treatments including splinting, therapy, activity modification and anti-inflammatories. She is indicated for staged bilateral carpal tunnel releases beginning with the left side as soon as authorization is received. The PR-2 notes dated 6-8-15 indicate the injured worker is a status post bilateral carpal tunnel releases in 2010. She reported complete resolution of her hand paresthesias for a period of approximately four years. She has been symptomatic with recurrence of her symptoms bilaterally since early 2014. A Request for Authorization is dated 9-8-15. A Utilization Review letter is dated 8-18-15 and non-certification was for Comprehensive History and Physical; Relafen 750mg #60 and modified certification of 12 Sessions of post op hand therapy to authorized 4 visits only. Utilization Review non-certified

the Comprehensive History and Physical as this would be included in the listed value for the surgical procedure. Regarding the Utilization Review non-certification for Relafen it is stated that "there is inconsistent evidence for use of NSAIDs to treat neuropathic pain." Utilization Review has modified the certification of 12 Sessions of post op hand therapy to 4 visits only per the California Post-Surgical Treatment Guidelines. Utilization Review certified these services: bilateral carpal tunnel release and Percocet 5/325mg #30. The provider is requesting authorization of Comprehensive History and Physical; Relafen 750mg #60 and 12 Sessions of post op hand therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 1 Comprehensive H and P: Overturned

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 pain, Preoperative testing, general.

Decision rationale: The patient is a 36 year old female who was certified for carpal tunnel release surgery. A comprehensive history and physical examination was requested and to be performed by a physician other than the requesting surgeon. Based on the entirety of the medical record the patient is not noted to have evidence of significant illness that would require extensive work-up. However, a preoperative history and physical examination should be considered medical necessary to stratify the patient's risk and determine if further medical testing is necessary. From ODG guidelines and as general anesthesia is likely to be performed, preoperative testing should be as follows: An alternative to routine preoperative testing for the purposes 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. Thus, a history and physical is medically necessary. The UR stated that it should be considered part of the global surgery package. However, the guidelines that are presented state exceptions, which include 'when the preoperative visit is a consultation as defined in this schedule.' The requesting surgeon is referring this patient to another physician for a history and physical to determine suitability for surgery. Therefore, this should be considered a consultation.

Relafen 750mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The patient is a 36 year old female who was certified for carpal tunnel release surgery. Relafen 750 mg #60 was requested. Relafen is an NSAID and thus postoperative use may be indicated. From Chronic pain treatment guidelines: Relafen may be used for osteoarthritis and as analgesia, but is not specifically addressed for postoperative use. From Chapter 11, NSAIDs are used in the conservative treatment of carpal tunnel syndrome. Thus, as carpal tunnel release was considered medically necessary and as Relafen is an NSAID, its postoperative use is medically necessary. The UR stated in its certification for postoperative use of opioids that opioids are indicated when there is insufficient pain relief from NSAIDs. Therefore, this implies a suitable postoperative use for NSAIDs. This is consistent with the reasoning above.

12 Sessions of post op hand therapy: 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: As the carpal tunnel release was considered medically necessary, postoperative physical therapy should be considered medically necessary based on the following guidelines: From page 15 and 16, Recommended as indicated below. There is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums shown below. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Carpal tunnel syndrome should not result in extended time off work while undergoing multiple therapy visits, when other options (including surgery for carefully selected patients) could result in faster return to work. Furthermore, carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery. Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks; Postsurgical physical medicine treatment period: 3 months; Postsurgical treatment (open): 3-8 visits over 3-5 weeks; Postsurgical physical medicine treatment period: 3 months. From page 10, "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section. Therefore, based on these guidelines, 12 visits would exceed the initial course of therapy guidelines and is not medically necessary. Up to 4 visits would be consistent with these guidelines.