

Case Number:	CM15-0176875		
Date Assigned:	09/17/2015	Date of Injury:	03/29/2012
Decision Date:	11/09/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/08/2015

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 49-year-old female with a date of injury of March 29, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome, and complaints of allergies and congestion due to asbestos exposure. Medical records dated August 19, 2015 indicate that the injured worker complains of numbness and tingling in both hands, right greater than left involving all of the digits, and pain radiating up to the elbows at times. Per the treating physician (August 19, 2015), the employee was not working. The physical exam dated August 19, 2015 reveals full range of motion in all digits in both hands, wrists, and elbows, positive Tinel's at the medial nerve bilaterally, and positive Phalen's bilaterally. The progress note dated July 23, 2015 documented a physical examination that showed thenar and intrinsic weakness bilaterally. Treatment has included medications (Tylenol #3 for an undisclosed amount of time; Naprosyn since at least June of 2015) and bracing. The original utilization review (August 31, 2015) partially certified a request for eight sessions of postoperative occupational therapy (original request for twelve sessions), and non-certified and request for preoperative electrocardiogram, chest x-ray, urinalysis, and postoperative casting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Cast: 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), Forearm, Wrist and Hand.

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: The CA MTUS/ACOEM Guidelines are silent on the issue of post-operative splinting after carpal tunnel release. The Official Disability Guidelines are 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.

Post-op occupational therapy, 3 times a week for 4 weeks,: 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: According to the CA MTUS/Post Surgical Treatment Guidelines, visits over a 3-month period are 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.

Associated surgical service: UA: 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), Low Back & Lumbar and Thoracic (Acute and Chronic) Chapter.

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: The CA MTUS/ACOEM Guidelines are silent on the issue of preoperative clearance and testing. The Official Disability Guidelines, states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. The ODG states, that 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. A 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 that 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.

Associated surgical service: Chest x-ray: 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), Low Back (Lumbar and Thoracic (Acute and Chronic) Chapter.

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: The CA MTUS/ACOEM Guidelines are silent on the issue of preoperative clearance and testing. The Official Disability Guidelines, states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. The ODG states, that 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. A 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 that 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.

Associated surgical service: EKG: 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), Low Back (Lumbar and Thoracic (Acute and Chronic) Chapter.

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: The CA MTUS/ACOEM Guidelines are silent on the issue of preoperative clearance and testing. The Official Disability Guidelines, states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. The ODG states, that 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. A 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.