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| Case Number: | CM15-0032428 | | |
| Date Assigned: | 02/25/2015 | Date of Injury: | 11/02/2013 |
| Decision Date: | 05/11/2015 | UR Denial Date: | 02/12/2015 |
| Priority: | Standard | Application Received: | 02/20/2015 |

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: Minnesota, Florida

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:

The injured worker is a 61 year old male, who sustained an industrial injury on November 2, 2013. The diagnoses have included right wrist sprain, right wrist degenerative joint disease with scapholunate dissociation, right carpal tunnel syndrome and a left foot calcaneus fracture. Treatment to date has included medications, radiological studies, electrodiagnostic studies, cortisone injection and physical therapy. Current documentation dated February 5, 2015 notes that the injured worker reported persistent right hand pain and left foot and ankle pain. Physical examination of the right hand revealed pain, swelling, a decreased range of motion and a positive Tinel's sign and Carpal Tunnel Compression test. Electrodiagnostic studies revealed severe right carpal tunnel syndrome. Left ankle examination revealed pain, swelling and a decreased range of motion. The treating physician recommended a right carpal tunnel release be performed. Utilization Review certified the request for a carpal tunnel release and modified some associated surgical requests. The IMR is for modified requests for pre-operative clearance and post-operative physical therapy three times a week for five weeks for the right hand. The documentation indicates the right carpal tunnel release was performed on 3/16/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

"Associated Surgical Service" Pre-op 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-TWC last updated 01/30/2015 Preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back. Topic: Preoperative testing, general.

Decision rationale: ODG guidelines recommend a thorough history and physical to determine comorbidities. The laboratory testing is also dictated by the presence of comorbidities. If the history and physical determines significant comorbidities that need additional evaluation, office visits to the offices of medical doctors are encouraged. The documentation provided does not indicate significant comorbidities that need additional evaluation. The surgical procedure is a carpal tunnel release which is a low risk procedure. As such, routine preoperative clearance is not necessary. In light of the foregoing, the request for a preoperative clearance is not supported and as such, the medical necessity of the request has not been substantiated.

"Associated Surgical Service" Post-op physical therapy 3 x a week for 5 weeks for the right hand: Upheld

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

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

Decision rationale: With regard to the postoperative physical therapy, California MTUS postsurgical treatment guidelines indicate there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The evidence may justify 3-5 visits over 4 weeks after surgery up to the maximum of 3-8 visits over 3-5 weeks. The request as stated is for 15 visits which exceeds the guideline recommendations and as such, the medical necessity of the request has not been established.