

Case Number:	CM15-0036328		
Date Assigned:	04/08/2015	Date of Injury:	12/30/2013
Decision Date:	05/28/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/26/2015

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 53-year-old female who reports symptoms in hands attributed to the cumulative effects of typing on 12/30/13. Initial complaints include bilateral finger, hand and wrist pain, numbness and tingling. Diagnostic studies include nerve conduction studies and x-rays. Diagnoses include bilateral carpal tunnel syndrome, left ulnar neuritis, chronic pain, inactivity, depression and stress. In a progress note dated 01/09/15 the treating provider reports the plan of care as left carpal tunnel release surgery and related services. The requested treatments are left carpal tunnel surgery and related services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Carpal Tunnel Release (General Anesthesia): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: Records suggest symptoms, examination, and electrodiagnostic testing are consistent with left carpal tunnel syndrome. Appropriate non-surgical treatment has been performed including splinting and injections. Therefore, the request for left carpal tunnel release surgery is reasonable and appropriate.

Pre-Operative Clearance History & Physical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Integrated Treatment/Disability Duration Guidelines, Low Back, Pre-operative testing.

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, Mayo Clinic, Rochester, Minnesota Am Fam Physician. 2013 Mar 15; 87 (6):414-418.

Decision rationale: An extensive systematic review concluded that there was no evidence to support routine preoperative testing. Recent practice guidelines recommend testing in select patients guided by a perioperative risk assessment based on pertinent clinical history and examination findings, although this recommendation is based primarily on expert opinion or low-level evidence. The treating physician's initial January 9, 2015 report notes, "The patient does not have any significant medical history," is a non-smoker and has undergone multiple prior surgeries. Therefore, the request for pre-operative evaluation is not medically necessary.

Pre-Operative Lab: CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Integrated Treatment/Disability Duration Guidelines, Low Back, Pre-operative lab testing.

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, Mayo Clinic, Rochester, Minnesota Am Fam Physician. 2013 Mar 15; 87 (6):414-418.

Decision rationale: An extensive systematic review concluded that there was no evidence to support routine preoperative testing. Recent practice guidelines recommend testing in select patients guided by a perioperative risk assessment based on pertinent clinical history and examination findings, although this recommendation is based primarily on expert opinion or low-level evidence. The treating physician's initial January 9, 2015 report notes, "The patient does not have any significant medical history," is a non-smoker and has undergone multiple prior surgeries. Therefore, the request is not medically necessary.

Pre-Operative Lab: BMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Integrated Treatment/Disability Duration Guidelines, Low Back, Pre-operative lab testing.

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, Mayo Clinic, Rochester, Minnesota Am Fam Physician. 2013 Mar 15; 87 (6):414-418.

Decision rationale: An extensive systematic review concluded that there was no evidence to support routine preoperative testing. Recent practice guidelines recommend testing in select patients guided by a perioperative risk assessment based on pertinent clinical history and examination findings, although this recommendation is based primarily on expert opinion or low-level evidence. The treating physician's initial January 9, 2015 report notes, "The patient does not have any significant medical history," is a non-smoker and has undergone multiple prior surgeries. Therefore, the request is not medically necessary.

Pre-Operative EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Mayo Clinic, Rochester, Minnesota Am Fam Physician. 2013 Mar 15; 87 (6):414-418.

Decision rationale: An extensive systematic review concluded that there was no evidence to support routine preoperative testing. Recent practice guidelines recommend testing in select patients guided by a perioperative risk assessment based on pertinent clinical history and examination findings, although this recommendation is based primarily on expert opinion or low-level evidence. The treating physician's initial January 9, 2015 report notes, "The patient does not have any significant medical history," is a non-smoker and has undergone multiple prior surgeries. Therefore, the request is not medically necessary.

Pre-Operative Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Mayo Clinic, Rochester, Minnesota Am Fam Physician. 2013 Mar 15; 87 (6):414-418.

Decision rationale: An extensive systematic review concluded that there was no evidence to support routine preoperative testing. Recent practice guidelines recommend testing in select patients guided by a perioperative risk assessment based on pertinent clinical history and examination findings, although this recommendation is based primarily on expert opinion or low-level evidence. The treating physician's initial January 9, 2015 report notes, "The patient does not have any significant medical history," is a non-smoker and has undergone multiple prior surgeries. Therefore, the request is not medically necessary.

Post-Operative Polar Care (21-days): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: Applying cold to the area following surgery is reasonable but can be performed with readily available materials such as a bag of ice. There is no scientific support for the specific device requested. Therefore, the request is not medically necessary.

Sling: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse Carpal Tunnel Syndrome.

Decision rationale: A sling is not necessary or recommended after carpal tunnel surgery. Therefore, the request is not medically necessary.

Amox-Clavulanate 875/125mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse Clinical practice guidelines for antimicrobial prophylaxis in surgery.

Decision rationale: Antibiotics are not recommended greater than 24 hours after surgery. Therefore, the request is not medically necessary.

Zofran 8mg #20: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse Clinical practice guideline for the patient safety at surgery settings.

Decision rationale: The guideline referenced above provides a strong recommendation for prevention of post-operative nausea and vomiting through the administration of Dexamethasone, Ondansetron, or Droperidol. Therefore, the request is medically necessary.

LidoPro Lotion 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): s 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: Lidoderm is the only commercially approved topical lidocaine formulation indicated for neuropathic pain. However, it is not recommended for carpal tunnel syndrome. Therefore, the request is not medically necessary.

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): s 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): s 114-117.

Decision rationale: There is no scientific support for the efficacy of TENS in the treatment of carpal tunnel syndrome. Therefore, the request is not medically necessary.

Conductive Garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): s 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): s 114-117.

Decision rationale: There is no evidence electrotherapy is effective in the treatment of carpal tunnel syndrome. Therefore, the request is not medically necessary.

Hot and Cold Wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation J Shoulder Elbow Surg. 2015 Mar 27. Compressive cryotherapy versus ice-a prospective, randomized study on postoperative pain in patients undergoing arthroscopic rotator cuff repair or subacromial decompression. Kraeutler MJ1, Reynolds KA2, Long C2, McCarty EC2.

Decision rationale: The CA MTUS notes, at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. Application of heat immediately after surgery is not recommended and would be expected to worsen swelling and pain. Application of cold can be accomplished with readily available materials such as a bag of ice. Studies such as the one referenced above show no benefit of commercially available cold units over a bag of ice. There is no scientific evidence the requested hot and cold wrap would improve the injured workers outcome and therefore the request is determined to be not medically necessary.