

Case Number:	CM15-0039151		
Date Assigned:	03/09/2015	Date of Injury:	11/20/2012
Decision Date:	06/10/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/02/2015

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 55 year old male, who sustained an industrial injury on 11/20/2012. He reported a crush injury to the left upper extremity. The injured worker was diagnosed as status post left radial neuropathy and left shoulder arthroscopy with debridement, open reduction-internal fixation of the left radius and ulna and left elbow arthrotomy. There were no recent diagnostic studies provided for review. Treatment to date has included surgery, occupational therapy and medication management. Currently, the injured worker complains of left shoulder pain and stiffness with tingling in the fingers and hand. In a progress note dated 9/24/2014, the treating physician is requesting carpal tunnel release, pre-operative medical clearance and 12 sessions of post-operative physical therapy/occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left endoscopic vs open carpal tunnel release under local anesthesia with sedation on an outpatient basis: Upheld

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): 260-270.

Decision rationale: The California MTUS supports consideration of carpal tunnel decompression surgery in cases of severe carpal tunnel syndrome confirmed by electrodiagnostic testing which have failed to respond to standard non-operative treatments such as night splinting and corticosteroid injection. In this case, no records of electrodiagnostic testing have been forwarded, nor is there any documentation of non-operative carpal tunnel treatment. Therefore, criteria have not been met and the request is not medically necessary.

Consultation and pre-operative medical clearance: 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 MOLLY A. FEELY, MD; C. SCOTT COLLINS, MD; PAUL R. DANIELS, MD; ESAYAS B. KEBEDE, MD; AMINAH JATOI, MD; and KAREN F. MAUCK, MD, MSc, Mayo Clinic, Rochester, Minnesota Am Fam Physician. 2013 Mar 15; 87 (6) :414-418.

Decision rationale: An extensive systematic review referenced above concluded that there was no evidence to support routine preoperative testing. More 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. In this case, there is no documented medical history to support the need for the requested evaluation; rather, records indicate the injured worker has undergone multiple surgical procedures without medical or anesthetic complications. Therefore, the request is not medically necessary.

Post-operative physical and occupational therapy, twice weekly for six weeks: Upheld

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

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

Decision rationale: The California MTUS supports 3 - 8 postsurgical therapy sessions over 3-5 weeks following carpal tunnel release surgery. In this case, criteria for carpal tunnel release have not been met and the requested 12 visits are excessive. Therefore, the request is unsupported and not medically necessary.