

Case Number:	CM15-0048007		
Date Assigned:	03/20/2015	Date of Injury:	07/16/2013
Decision Date:	06/03/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/13/2015

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 58-year-old female, with a reported date of injury of 07/16/2013. The diagnoses include right carpal tunnel syndrome. Treatments to date have included an MRI of the right upper extremity joint, electro diagnostic test of the right upper extremity, and wrist splints. The medical report dated 02/05/2015 indicates that the injured worker had numbness and tingling in the hand. She also complained of some weakness and pain, which radiated into the fingers at time. The physical examination showed a positive Tinel's sign at the wrist, a positive Phalen's test, mild two-point sense lost, and diminishing grip strength. The treating physician recommended carpal tunnel release. The treating physician requested postoperative physical therapy, preoperative clearance EKG and lab work, and Keflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative clearance H&P including EKG and lab work: 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 Chapter, Preoperative testing, Preoperative electrocardiogram.

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

Decision rationale: The patient is a 58-year-old female who was certified for right carpal tunnel release. Pre-operative clearance, H&P including EKG and lab work was requested. 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 medically 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, an entire preoperative medical clearance with EKG and lab work is not medically necessary, but a history and physical would be necessary to warrant further testing.

Post-operative physical therapy 12 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 10, 15 and 16.

Decision rationale: The patient is a 58-year-old female who was certified for right carpal tunnel release. 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. "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 should not be considered medically necessary. Up to four visits would be consistent with these guidelines.

Keflex 500mg #12: 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) Infectious Diseases, Cephalexin (Keflex).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Infectious disease, Keflex.

Decision rationale: The patient is a 58-year-old female who was certified for right carpal tunnel release. Keflex 500 mg # 12 was requested. There is no evidence of current infection and for what should be a clean case, only a single dose of preoperative antibiotics prior to the incision may be necessary. Without further clarification for the reasoning, this medication should not be considered medically necessary. From ODG, Keflex is a first line treatment for cellulitis and other conditions.