

Case Number:	CM15-0061593		
Date Assigned:	04/07/2015	Date of Injury:	12/10/2012
Decision Date:	05/06/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/01/2015

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:

This 57-year-old female sustained an industrial injury to the cervical spine and bilateral upper extremities via cumulative trauma from 9/1/11 to 12/10/12. Previous treatment included magnetic resonance imaging, electromyography, physical therapy injections, bracing and medications. In a PR-2 dated 3/11/15, the complained of cervical spine pain rated 7-8/10 on the visual analog scale with radiation to bilateral parascapular area and bilateral upper arms, bilateral shoulder pain 5/10, right hand pain and numbness rated 3/10 and left hand numbness with occasional triggering of the second and third digits, rated 4/10. Left hand exam revealed positive Phalen's and positive Tinel's tests with decreased two point discrimination over the median nerve distribution of the left hand. There was no visible triggering of the second and third digits. Current diagnoses included chronic cervical spine sprain/strain, cervical disc herniation with radiculopathy, chronic lumbar spine sprain/strain, bilateral carpal tunnel syndrome and status post right carpal tunnel release. The physician noted that the injured worker had undergone a Qualified Medical Evaluation with recommendation for surgical treatment for the cervical spine, bilateral shoulders and left wrist. The treatment plan included continuing Naproxen Sodium, a spine surgeon consultation for the cervical spine and requesting authorization for left carpal tunnel release surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) left carpal tunnel release: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, Carpal Tunnel Release.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 and 272.

Decision rationale: The patient is a 57-year-old female with signs and symptoms of left carpal tunnel syndrome that has failed conservative management and is supported by electrodiagnostic studies. Specific conservative management has included medical management, splinting, and corticosteroids. Signs and symptoms have included numbness of the left hand, as well as positive Tinel's, Phalen's and decreased 2-point discrimination over the median nerve distribution of the left hand. From page 270, Chapter 11, ACOEM, CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Further from page 272 Table 11-7, recommendations include a corticosteroid injection after failure of splinting and medication. The patient has satisfied these recommendations from ACOEM and thus left carpal tunnel release should be considered medically necessary. Certification was denied stating that there was no mention of any abnormal Katz hand diagram score, nocturnal symptom, or positive Flick sign. The conservative management and results of the electrodiagnostic studies were not disputed. Based on the overall presentation from the medical records the patient has satisfied the relevant ACOEM guidelines and the previous non-certification appears to be overly restrictive. The request IS medically necessary.

One (1) pre-operative medical clearance: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, Carpal Tunnel Release.

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 57-year-old female in which a left carpal tunnel release was considered medically necessary. As such, preoperative medical clearance should be considered medically necessary to risk stratify the patient and determine if further medical testing is necessary. From ODG guidelines and as general anesthesia will likely be performed, a preoperative medical clearance is consistent with ODG, preoperative testing as follows: An alternative to routine preoperative testing for the purpose 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, preoperative medical clearance should be considered medically necessary.

12 sessions of post-operative occupational therapy for the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, Carpal Tunnel Release.

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

Decision rationale: The patient is a 57-year-old female in which a left carpal tunnel release was considered medically necessary. As such, postoperative physical therapy should be considered medically necessary based on the following guidelines: 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. Based on these guidelines, 12 visits would exceed the recommendations and should not be considered medically necessary.