

Case Number:	CM15-0071686		
Date Assigned:	04/21/2015	Date of Injury:	09/01/2014
Decision Date:	07/07/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/14/2015

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:

This 52 year old male sustained an industrial injury to bilateral upper extremities via cumulative trauma from 9/1/13 to 9/1/14. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, wrist braces and medications. In a PR-2 dated 3/10/15, the injured worker complained of ongoing severe bilateral wrist, hand and shoulder pain associated with numbness and tingling. Physical exam was remarkable for bilateral shoulder subacromial tenderness with markedly positive impingement test and bilateral wrist with positive Tinel's and Phalen's tests. The physician noted that electromyography (12/19/14) confirmed the presence of severe bilateral carpal tunnel syndrome. The physician stated that the injured worker had failed extensive conservative treatment including rest, wrist braces and anti-inflammatory medications. Current diagnoses included cervical myofascial sprain/strain, shoulder impingement/bursitis and carpal tunnel syndrome. The treatment plan included requesting authorization for bilateral carpal tunnel release surgery and bilateral shoulder magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Carpal Tunnel Release: 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: Only a minority of reported symptoms are consistent with carpal tunnel syndrome. For example, reported neck pain radiating to the shoulders and aggravated by turning the neck from side to side is inconsistent with carpal tunnel syndrome. The CA MTUS notes that, "several traditional findings of carpal tunnel syndrome have limited specific diagnostic value" and recommends the diagnosis be supported by electrodiagnostic testing. Such testing was performed on December 19, 2014, but the records provided for review do not include the actual results and the summary is inconsistent. The EMG summary notes, "For all muscles examined: normal insertional activity, electrical silence at rest, normal motor unit action potentials and recruitment pattern." The nerve conduction velocity summary notes, "No responses of bilateral median sensory nerves and no responses of the bilateral median orthodromic sensory nerves, and increased onset latency of bilateral median motor nerves. For all nerves tested there were normal nerve conduction velocities, amplitudes and latencies." The median nerve sensory conduction cannot be absent AND normal -- only one or the other. Without the actual test results, it is impossible to determine which statement is correct. Therefore, this surgical request is not medically necessary.

Pre-operative labs (specified only blood and urine): 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, Pre-Operative Testing Section.

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 lab testing and the request is non-specific. Therefore, this request is not medically necessary.

Pre-operative EKG: Overturned

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.

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 Jatoui, 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, it is documented in the records that the patient has high blood pressure and with his age, gender and hypertension a pre-operative EKG is medically necessary.

Post-operative physical therapy, three times weekly for four weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.