

Case Number:	CM15-0090686		
Date Assigned:	05/15/2015	Date of Injury:	03/13/2014
Decision Date:	06/24/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/11/2015

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 65 year old female who sustained a work related injury March 13, 2014. Past history included bilateral carpal tunnel syndrome and possible right wrist fracture. According to a primary treating physician's progress report, dated March 20, 2015, the injured worker presented with complaints of constant moderate to severe, upper/mid-back pain stiffness, numbness, tingling, and cramping, with radiation to the low back. The severe and sharp low back pain radiates to both legs, toes, and ribs with numbness and tingling. She also complains of constant, mild to moderate, right wrist pain with heaviness and weakness, radiating to fingers and forearms, with tingling and cramping. Diagnoses are documented as thoracic musculoligamentous injury; lumbar disc protrusion and stenosis; s/p CTR carpal tunnel release 1/20/2015; right DeQuervain's disease, insomnia, adjustment disorder with anxiety and depressed mood. The request is for authorization for a left carpal tunnel decompression and pre-operative medical clearance; blood work, electrocardiogram and chest x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Carpal Tunnel Syndrome, Carpal tunnel release surgery (CTR); Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-270.

Decision rationale: The majority of symptoms documented in the records provided, including all those in the opposite arm, back and legs, are inconsistent with a diagnosis of left carpal tunnel syndrome. The CA MTUS notes that, "several traditional findings of carpal tunnel syndrome have limited specific diagnostic value" and electro diagnostic testing is recommended to support the clinical impression. The records suggest such testing was performed, but the results are not included in the large volume of records forwarded for my review. Also absent are documentation of non-surgical treatment of left carpal tunnel symptoms, such as left carpal tunnel injection. Therefore, at this time the request is not medically necessary.

Preoperative medical clearance: Complete Blood Count (CBC), Comprehensive Metabolic Panel (CMP), Prothrombin Time (PT), Partial Thromboplastin (PTT), Electrocardiogram (EKG), Chest X-ray (CXR): 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, Preoperative testing, General.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Non-cardiac 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, records indicate the injured worker has undergone multiple surgical procedures without medical or anesthetic complications and had internal medicine consultation with chest x-ray, labs and EKG in January 2015 with no contraindications to surgery identified. Therefore, the request is not medically necessary.