

Case Number:	CM15-0091313		
Date Assigned:	05/15/2015	Date of Injury:	03/28/2014
Decision Date:	06/23/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/12/2015

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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand 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 47 year old female, who sustained an industrial injury on 03/28/2014. She has reported injury to the left shoulder and right wrist. The diagnoses have included right carpal tunnel syndrome; status post left shoulder arthroscopic repair of labral tear, subacromial decompression, synovectomy, glenohumeral joint, and bursectomy, subacromial region, on 09/09/2014. Treatment to date has included medications, diagnostics, physical therapy, and acupuncture. A progress note from the treating physician, dated 01/14/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in left forearm; left shoulder is better; and pain in right wrist. Objective findings included tenderness to the flexor tendon, volar right wrist; positive Tinel's sign; and full range of motion of the left shoulder. The treatment plan has included the request for one right wrist carpal tunnel release; one pre-operative medical clearance; and 18 post-operative physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pre-operative medical clearance: 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, Carpal Tunnel Syndrome - Carpal Tunnel Release Surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Practice advisory for preanesthesia evaluation. An updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation." (American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology*. 2012 Mar; 116 (3): 522-38).

Decision rationale: According to the "Practice advisory for preanesthesia evaluation. An updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation." (American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology*. 2012 Mar; 116 (3): 522-38): Summary and Conclusions, Content of the preanesthetic evaluation includes, but is not limited to: (1) readily accessible medical records; (2) patient interview; (3) a directed preanesthesia examination; (4) preoperative tests when indicated; and (5) other consultations when appropriate. At a minimum, a directed preanesthetic physical examination should include an assessment of the airway, lungs, and heart. Timing of the preanesthetic evaluation can be guided by considering combinations of surgical invasiveness and severity of disease, as shown in table 2 in appendix 2 in the original guideline document. Limitations in resources available to a specific healthcare system or practice environment may affect the timing of the preanesthetic evaluation. The healthcare system is obligated to provide pertinent information to the anesthesiologist for the appropriate assessment of the invasiveness of the proposed surgical procedure and the severity of the patient's medical condition well in advance of the anticipated day of procedure for all elective patients. Routine preoperative tests (i.e., tests intended to discover a disease or disorder in an asymptomatic patient) do not make an important contribution to the process of perioperative assessment and management of the patient by the anesthesiologist. Selective preoperative tests (i.e., tests ordered after consideration of specific information obtained from sources such as medical records, patient interview, physical examination, and the type or invasiveness of the planned procedure and anesthesia) may assist the anesthesiologist in making decisions about the process of perioperative assessment and management. Decision-making parameters for specific preoperative tests or for the timing of preoperative tests cannot be unequivocally determined from the available scientific literature. Specific tests and their timing should be individualized and based upon information obtained from sources such as the patient's medical record, patient interview, physical examination, and the type and invasiveness of the planned procedure. In this case, the records do not document any medical issues that require selective preoperative testing. The request is not medically necessary.

18 Post-op Physical therapy sessions: Upheld

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

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

Decision rationale: Per MTUS: 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. The request for 18 therapy visits exceeds MTUS guidelines. The records do not provide a justification for exceeding the recommended guidelines. The request is not medically necessary.

1 Right Wrist carpal tunnel release: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: The carpal tunnel release is medically necessary. According to the ACOEM guidelines, Chapter 11, page 270, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken." This patient has significant symptoms of carpal tunnel syndrome, an exam consistent with carpal tunnel syndrome and positive electrodiagnostic studies for median nerve compression. Per the ACOEM guidelines, carpal tunnel release is medically necessary.