

<b>Case Number:</b>	CM15-0096169		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	07/16/2008
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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 62 year old female, who sustained an industrial injury on 07/16/2008. She has reported subsequent right shoulder, neck and bilateral knee pain and was diagnosed with degenerative disc disease of the cervical spine, cervical radiculopathy, shoulder impingement syndrome and shoulder sprain/strain. Treatment to date has included oral medication, neck traction, H wave unit and acupuncture. In a progress note dated 04/10/2015, the injured worker complained of right shoulder and right hand pain with numbness and tingling of the hands. Objective findings were notable for diffuse tenderness throughout the dorsal and flexor surface of the wrist and positive Phalen's and Tinel's signs. The physician noted that a right carpal tunnel release surgery was being recommended. A request for authorization of pre-op lab work and 12 sessions of post-operative physical therapy was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre operative Lab work:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [[www.brighamandwomens.org/gms/Medical/preopprotocols.aspx](http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx)].

**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 the requested evaluation; rather, records indicate the injured worker has undergone multiple surgical procedures including shoulder rotator cuff repair and knee replacement without medical or anesthetic complications. Further, the request is unspecific. That is, no particular testing is requested and there is no medical rationale provided for any testing.

**Post operative Physical Therapy, 12 sessions:** Upheld

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

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

**Decision rationale:** The CA MTUS supports 3-8 post-operative therapy sessions over 3-5 weeks following carpal tunnel surgery. The requested 12 sessions exceeds guideline limits. Therefore the request is not medically necessary.