

Case Number:	CM13-0005230		
Date Assigned:	12/27/2013	Date of Injury:	08/23/2011
Decision Date:	03/06/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Plastic Surgery and Hand Surgery, and is licensed to practice in Oregon. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 31-year-old female who complains of burning and cramping pain in her left hand with gripping activities. She also complains of left elbow pain with pushing and pulling. She has left shoulder pain as well. At times, her hand feels like it is on fire. Exam shows tenderness and a positive Tinel at the elbow. Tinel and Phalen signs are positive for the carpal tunnel. She has no sensory findings in the hand and no muscle weakness. Nerve conduction studies in 2011 show mild to moderate carpal tunnel syndrome. Carpal and cubital tunnel releases are recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

left carpal tunnel release: 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), Elbow Chapter

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

Decision rationale: The carpal tunnel release is not 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." The patient's most recent nerve conduction test was in 2011 by report, but this study is not provided for review. [REDACTED] note from 2/1/6/12 after the nerve conduction test notes the positive test but indicates that the patient is asymptomatic at the carpal tunnel. [REDACTED] note dated 6/3/13 indicates that the patient's clinical exam is consistent with carpal tunnel, although she had no sensory or motor findings. She warrants an updated nerve conduction study due to equivocal symptoms with a nerve conduction test that is over two years old. The ACOEM guidelines are not met.

left cubital tunnel release: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35.

Decision rationale: According to the ACOEM guidelines, Elbow Chapter, 2007, "Referral for surgical consultation may be indicated for patients who have: - Significant limitations of activity for more than 3 months; - Failed to improve with exercise programs to increase range of motion and strength of the musculature around the elbow; or - Clear clinical and electrophysiologic or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair." This patient does not have nerve conduction evidence of cubital tunnel syndrome.

preoperative and postoperative anti-inflammatory: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: According to the MTUS guidelines, anti-inflammatory medications, page 27, "Anti- inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The patient has been symptomatic for over two years. She has been on anti-inflammatory medications during this period. This is not first-line therapy but rather long term use, and the guidelines do not support long term use of anti-inflammatory medications.

comprehensive history and physical preoperatively: Upheld

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

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

Decision rationale: Per the ACOEM carpal tunnel guidelines, carpal tunnel release is not medically necessary. Therefore, a preoperative history and physical is not warranted.

postoperative physical therapy 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 240.

Decision rationale: Per the ACOEM guidelines, ulnar nerve release is not medically necessary. Therefore, postoperative therapy is not required.

postoperative splint - L sugar long splint: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 240.

Decision rationale: Per the ACOEM guidelines, ulnar nerve release is not medically necessary. Therefore, a postoperative splint is not required.

synovectomy, tendon sheath, radical, flexor tendon, palm and/or finger, each tendon:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 240.

Decision rationale: Per the ACOEM guidelines, carpal tunnel release is not medically necessary. The tenosynovectomy is proposed as an adjunct to the carpal tunnel release to further decompress the carpal tunnel, but because the carpal tunnel release is not medically necessary, the tenosynovectomy is also not medically necessary.

neuroplasty and/or transposition; ulnar nerve: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 240.

Decision rationale: According to the ACOEM guidelines, Chapter 10 page 240, "Surgery for ulnar nerve entrapment is indicated after establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. A decision to operate presupposes that a significant problem exists, as reflected in significant activity limitations due to the specific problem and that the patient has failed conservative care, including use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, workstation changes (if applicable), and avoiding nerve irritation at night by preventing elbow flexation while sleeping." This patient does not have a positive nerve conduction test. The ACOEM guidelines are not met. Moreover, the ODG guidelines do not support ulnar nerve transposition as a primary treatment for ulnar nerve compression.