

Case Number:	CM13-0008670		
Date Assigned:	06/06/2014	Date of Injury:	11/05/2012
Decision Date:	08/05/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/08/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Georgia and Texas. 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/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:

The injured worker is a 52-year-old male who reported an injury on 11/05/2012, after a fall off a motorcycle. The injured worker reportedly sustained an injury to his right elbow and forearm. The injured worker underwent an electrodiagnostic study on 01/21/2013. It was noted that the injured worker had evidence of moderate right carpal tunnel syndrome and moderate right cubital tunnel syndrome with no electrodiagnostic evidence of active radial neuropathy, peripheral polyneuropathy, brachial plexopathy, and cervical radiculopathy. The injured worker was evaluated on 04/11/2013. It was noted that the injured worker had right elbow and wrist pain complaints with additional complaints of grip weakness. Physical findings included a positive Tinel's sign, a positive Tinel's at the wrist of the Guyon's level, increased numbness and weakness of the right hand. Right open carpal tunnel release at the Guyon's canal, right cubital tunnel release at the elbow was recommended. The injured worker's diagnoses included right elbow cubital tunnel syndrome and right elbow ulnar nerve neuropathy and right carpal tunnel syndrome. The injured worker was evaluated on 10/03/2013. It was documented that the injured worker had continued complaints of numbness and pain of the right upper extremity with a positive Tinel's and increased paresthesia. Surgical intervention was again recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REVIEW FOR RIGHT OPEN CTR (CARPAL TUNNEL RELEASE)/GUYAN'S CANAL OF WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270, 273. Decision based on Non-MTUS Citation ODG-Carpal Tunnel Syndrome (CTS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The requested prospective review for right open carpal tunnel release at the Guyon's canal of the wrist is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends carpal tunnel release for patients who have clear physical findings supported by an electrodiagnostic study that has failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has physical findings corroborated by an imaging study. However, there is no documentation of any conservative treatment other than anti-inflammatory medications being provided to this injured worker. There is no documentation of activity modifications in the workplace. There is no documentation of physical therapy or a home exercise program, and there is no documentation of corticosteroid injections. As such, the request for surgical intervention would not be supported at this time. Therefore, the prospective review for right open carpal tunnel release at the Guyon's canal of the wrist is not medically necessary or appropriate.

PROSPECTIVE REVIEW FOR RIGHT ELBOW RELEASE CUBITAL TUNNEL TRANSPOSITION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Elbow Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25-26.

Decision rationale: The prospective review for the right elbow release cubital tunnel transposition is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention at the elbow to include cubital tunnel release for patients who have failed to respond to conservative treatment and have clear physical findings supported by an electrodiagnostic study of a lesion that would benefit both long and short term from surgical intervention. The clinical documentation submitted for review does not clearly indicate that the injured worker has failed to respond to any type of conservative treatment other than anti-inflammatory medications. There is no documentation of splinting, corticosteroid injections, or activity modifications in the workplace. Therefore the need for surgical intervention is not supported at this time. As such, the request for prospective review for the right elbow release, cubital tunnel transposition, is not medically necessary or appropriate.

PROSPECTIVE REVIEW FOR POST-OPERATIVE PHYSICAL THERAPY FOR TWELVE (12) SESSIONS(FREQUENCY AND DURATION UNSPECIFIED): 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

PROSPECTIVE REVIEW FOR PRE-OPERATIVE UA(URINALYSIS): 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.