

Case Number:	CM13-0011723		
Date Assigned:	09/30/2013	Date of Injury:	07/07/2011
Decision Date:	02/11/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/15/2013

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 Orthopedic Surgery, and is licensed to practice in California. 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:

The claimant is a 66-year-old female who was injured in a work related accident on July 7, 2011. Records indicate initial complaints of bilateral hand stiffness and numbness. The mechanism of injury was unclear. Available for review was prior electrodiagnostic study report of October 29, 2012 to the upper extremities showing a left ulnar nerve conduction slowing at the elbow bilaterally consistent with the diagnosis of bilateral cubital tunnel syndrome. The claimant was noted to be with findings of "borderline" but nondiagnostic carpal tunnel syndrome. Previous electrodiagnostic studies were reviewed from December 15, 2011 showing mild right ulnar nerve entrapment at the elbow and mild right median nerve entrapment consistent with carpal tunnel syndrome. The claimant's most recent clinical progress report is dated June 20, 2013 when she was seen by [REDACTED] for assessment and followup of bilateral hand and wrist complaints. Physical examination findings showed the right upper extremity to be with a positive elbow Tinel sign as well as positive carpal compression testing, equivocal Phalen's and Tinel's testing and no thenar atrophy. The treating physician reviewed her electrodiagnostic studies. He stated that her examination supported carpal and cubital tunnel syndrome. He did not feel her electrodiagnostic studies were significant enough to consider surgery and recommended repeat nerve conduction studies prior to proceeding with any degree of surgical procedure. Conservative measures to the carpal tunnel as well as cubital tunnel diagnoses are not documented. There is request, however, at present for the role of a dual procedure in the form of a right carpal tunnel release, ulnar nerve decompression, postoperative physical therapy, preoperative laboratory testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: Based on California American College of Occupational and Environmental Medicine (ACOEM) Guidelines, carpal tunnel release procedure would not be indicated. The most recent electrodiagnostic studies are borderline, but not diagnostic for carpal tunnel syndrome and there is a lack of documented recent treatment to support need for operative intervention. American College of Occupational and Environmental Medicine (ACOEM) Guidelines only recommend the role of surgical intervention in situations where positive findings are noted on examination and supported by positive nerve conduction testing.

Ulnar nerve decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. 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): 37.

Decision rationale: Based on California American College of Occupational and Environmental Medicine (ACOEM) Guidelines, cubital tunnel release procedure also would not be supported. The diagnosis of cubital tunnel syndrome needs to be established by both physical examination and electrodiagnostic testing with documentation of up to six months of conservative care prior to proceeding with a decision to perform operative intervention. The last progress report in this case fails to demonstrate recent six months of conservative care which would justify or support the need for cubital tunnel release based on the claimant's current clinical findings. Specific request would not be indicated at present.

Post op physical therapy times twelve: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) Postsurgical Rehabilitative Guidelines, twelve sessions of postoperative physical therapy would

not be indicated. The need for the requested surgical intervention in this case has yet to have been established thus negating the need for any degree of postoperative therapy or treatment.

Pre-op labs: CBC, BMP, EKG: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Based on Official Disability Guideline criteria as California American College of Occupational and Environmental Medicine (ACOEM) and California Medical Treatment Utilization Schedule (MTUS) Guidelines are silent, preoperative medical testing as stated would not be indicated. The role of surgical process in this case has not been established thus negating the need for any degree of preoperative assessment or diagnostic testing.

chest x-ray: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Based on Official Disability Guideline criteria as California American College of Occupational and Environmental Medicine (ACOEM) and California Medical Treatment Utilization Schedule (MTUS) Guidelines are silent, preoperative medical testing as stated would not be indicated. The role of surgical process in this case has not been established thus negating the need for any degree of preoperative assessment or diagnostic testing.