

Case Number:	CM13-0016299		
Date Assigned:	11/06/2013	Date of Injury:	01/31/2013
Decision Date:	02/07/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/26/2013

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 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 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 patient is a 52-year-old male who reported an injury on 01/31/2013 due to cumulative trauma while performing normal job duties. The patient was treated conservatively with physical therapy and medications. The patient underwent an MRI of the cervical spine that revealed multilevel disc protrusions. The patient underwent an EMG/NCS in 04/2013 that revealed no abnormal findings. The patient's most recent clinical examination findings included cervical spine tenderness with palpable spasms and a positive Spurling's and axial loading test. Evaluation of the upper extremities revealed generalized numbness and weakness with a positive Tinel's sign over the cubital fossa and a positive Tinel's and Phalen's sign of the left wrist. The patient's diagnoses included cervical discopathy and cubital tunnel/carpal tunnel/double crush syndrome. The patient's treatment plan included surgical intervention, imaging studies, and pre and postoperative care.

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: 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): 289-269.

Decision rationale: The requested left carpal tunnel release is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has a positive Tinel's and positive Phalen's sign supporting the diagnosis of carpal tunnel syndrome. However, the patient's most recent electrodiagnostic study did not reveal any abnormal findings. The American College of Occupational and Environmental Medicine state that carpal tunnel syndrome must be supported by positive examination findings and evidence of nerve abnormalities during a nerve conduction study. The clinical documentation submitted for review also does not indicate that the patient has failed to respond to all lesser invasive conservative treatments to include splinting, activity modification, and injection therapy. Therefore, surgical intervention would not be supported at this time. As such, the requested left carpal tunnel release is not medically necessary or appropriate.

left cubital tunnel release with possible ulnar nerve transposition: 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). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter

Decision rationale: The requested left cubital tunnel release with possible ulnar nerve transposition is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has a positive Tinel's sign at the cubital fossa. However, the patient's most recent nerve conduction study did not reveal any abnormalities of the ulnar nerve. Additionally, Official Disability Guidelines do not recommend ulnar nerve transposition unless there is evidence of subluxation upon range of motion. The clinical documentation submitted for review does not provide any evidence that the patient was evaluated for ulnar nerve subluxation. Additionally, the clinical documentation submitted for review does not provide any evidence that the patient has exhausted all lesser non-invasive conservative treatments to include injections, activity modification, and bracing. Therefore, surgical intervention would not be supported at this time. As such, the requested left cubital tunnel release with possible ulnar nerve transposition is not medically necessary or appropriate.

Medical clearance with an internist: 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): 45.

Decision rationale: The requested medical clearance with an internist is not medically necessary or appropriate. American College of Occupational and Environmental Medicine recommend surgical intervention when there is clear evidence upon physical evaluation that is supported by

electrodiagnostic studies. As the clinical documentation does not support surgical intervention at this time, medical clearance with an internist would also not be medically necessary or appropriate.

Post-operative rehab and gentle range of motion; twelve (12) sessions (3x4), left wrist:
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): 45, Postsurgical Treatment Guidelines.

Decision rationale: The requested post-operative rehab and gentle range of motion; twelve (12) sessions (3x4), left wrist is not medically necessary or appropriate. American College of Occupational and Environmental Medicine recommend surgical intervention when there is clear evidence upon physical evaluation that is supported by electrodiagnostic studies. As the clinical documentation does not support surgical intervention at this time, post-operative rehab and gentle range of motion; twelve (12) sessions (3x4), left wrist is not medically necessary or appropriate.

Post-operative medications (name (s), dose and quantity; not specified): 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): 45, Postsurgical Treatment Guidelines.

Decision rationale: The requested post-operative medication (name(s), dose and quantity; not specified) is not medically necessary or appropriate. American College of Occupational and Environmental Medicine recommend surgical intervention when there is clear evidence upon physical evaluation that is supported by electrodiagnostic studies. As the clinical documentation does not support surgical intervention at this time, post-operative medication (name(s), dose and quantity; not specified) is not medically necessary or appropriate.

wrist sling: 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): 45.

Decision rationale: The requested wrist sling is not medically necessary or appropriate. American College of Occupational and Environmental Medicine recommend surgical

intervention when there is clear evidence upon physical evaluation that is supported by electrodiagnostic studies. As the clinical documentation does not support surgical intervention at this time, wrist sling is not medically necessary or appropriate.

EMG/NCV studies, bilateral upper extremities: 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): 42-43.

Decision rationale: The requested EMG/NCV is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient recently underwent an EMG/NCV that revealed no abnormal findings. American College of Occupational and Environmental Medicine recommend electrodiagnostic studies when there is suspicion of ulnar nerve or medial nerve entrapment. The clinical documentation does not provide any evidence of a significant change in the patient's presentation to support an additional electrodiagnostic study. As such, the requested EMG/NCV for the bilateral upper extremities is not medically necessary or appropriate.

MRI of the left wrist: 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): 268-269.

Decision rationale: The requested MRI of the left wrist is not medically necessary or appropriate. American College of Occupational and Environmental Medicine state "imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders." The clinical documentation submitted for review does identify that the patient has carpal tunnel syndrome with physical examination. The necessity of an imaging study is not clearly identified. The clinical documentation submitted for review does not provide any support for how an imaging study would contribute to the patient's treatment plan. As such, the requested MRI of the left wrist is not medically necessary or appropriate.

MRI of the left elbow: 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): 42-43.

Decision rationale: The requested MRI of the left elbow is not medically necessary or appropriate. American College of Occupational and Environmental Medicine state "imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders." The clinical documentation submitted for review does identify that the patient has carpal tunnel syndrome with physical examination. The necessity of an imaging study is not clearly identified. The clinical documentation submitted for review does not provide any support for how an imaging study would contribute to the patient's treatment plan. As such, the requested MRI of the left elbow is not medically necessary or appropriate.