

Case Number:	CM13-0020183		
Date Assigned:	10/11/2013	Date of Injury:	07/11/2012
Decision Date:	01/08/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/04/2013

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, has a subspecialty in > Shoulder and Elbow 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 patient is a 48-year-old male who reported injury on 07/11/2012, with the mechanism of injury being repetitive motion. The patient was noted to have moderate to severe bilateral carpal tunnel syndrome, as well as mild entrapment of the motor nerve across the elbow segment. The patient was noted to have increased right wrist and elbow pain in 6/2012. The patient was noted to have pain in bilateral wrists with increasing numbness in the left hand, and the right wrist was noted to feel sore. Diagnoses were stated to include bilateral elbow ulnar neuropathy per 7/11/2012 EMG/NCV, right elbow epicondylitis, bilateral severe carpal tunnel syndrome per 07/11/2012 EMG/NCV, and right wrist status post carpal tunnel release 02/13/2013. The request was made for a left elbow ulnar nerve decompression, left carpal tunnel release, preoperative clearance, use of a cold unit for the left elbow for 7 days to be used postoperatively, and 12 sessions of postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

A left elbow ulnar nerve decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 239-240.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 24-25.

Decision rationale: ACOEM Guidelines recommend surgery providing there has been proper testing to localize the abnormality through a nerve conduction study that includes at least stimulation above and below the elbow. The EMG study revealed the patient had a mild entrapment of the ulnar motor nerve across the elbow segment bilaterally. The PR-2 dated 08/07/2013 revealed the patient had pain to the bilateral elbows had tenderness to palpation to the lateral and medial condyles; however, it failed to include a thorough objective examination with finding to support the necessity for the surgery. The request for left elbow ulnar nerve release is not medically necessary and appropriate.

A left carpal tunnel release: Upheld

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

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

Decision rationale: ACOEM Guidelines recommend carpal tunnel syndrome surgical decompression with patients who have positive findings on clinical examination and the diagnosis is supported by a nerve conduction study. Clinical documentation submitted for review indicated the patient had support for the carpal tunnel syndrome, per EMG study dated 07/26/2012; however, clinical documentation submitted for review failed to provide the patient had objective findings upon examination. The most recent examination dated 08/07/2013 revealed the patient had pain to the volar wrist. The request for a left carpal tunnel release is not medically necessary and appropriate.

The rental of a cold unit: 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: Since the primary procedures are not medically necessary, none of the associated services are medically necessary.

Pre-operative clearance: 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: Since the primary procedures are not medically necessary, none of the associated services are medically necessary.

for 12 sessions of postoperative physical therapy: 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: Since the primary procedures are not medically necessary, none of the associated services are medically necessary.