

Case Number:	CM13-0030874		
Date Assigned:	11/27/2013	Date of Injury:	08/01/2006
Decision Date:	01/22/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/01/2013

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 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 53-year-old gentleman who sustained an injury to his left upper extremity on August 1, 2006. An electrodiagnostic study report dated April 23, 2013 showed abnormal findings consistent with moderate bilateral median nerve compression at the wrist consistent with carpal tunnel, as well as a mild left ulnar compromise at the elbow, and mild to moderate chronic left C5 through C7 radicular findings. The most recent clinical report for review is a September 5, 2013 assessment by [REDACTED] who indicates the claimant was with continued subjective complaints of upper extremity pain and paresthesias. Objectively, the claimant had well healed incisions from prior carpal tunnel release procedures performed bilaterally. There was equivocal Tinel's testing at the wrist for carpal tunnel syndrome bilaterally, negative carpal compression testing, and Tinel's testing at the elbow was also noted to be "unremarkable". His diagnoses include recurrent carpal tunnel syndrome and electrodiagnostic evidence of cubital tunnel syndrome. Recommendations at that time were for decompression of both the carpal and cubital tunnel syndrome to the left upper extremity with preoperative assessment and eight sessions of postoperative physical therapy were requested. Documentation of recent conservative measures included medications and activity restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

revision carpal tunnel release for the left wrist: 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 for Carpal Tunnel Syndrome

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

Decision rationale: While MTUS guidelines recommend carpal tunnel release in the setting of positive electrodiagnostic studies, it also indicates the need for positive physical examination findings to correlate with the request in question. The claimant's electrodiagnostic studies demonstrate evidence of both cervical radiculopathy and recurrent carpal tunnel syndrome with examination findings at the time of the last clinical assessment being equivocal. The lack of documentation of clear positive physical examination findings would fail to establish a medical necessity for the requested surgical procedure.

left elbow cubital tunnel release: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37.

Decision rationale: The physical examination lacked documentation of positive findings at the ulnar nerve at the elbow that would be diagnostic of cubital tunnel syndrome. While the claimant's electrodiagnostic studies demonstrated mild evidence of compressive pathology at the elbow, the absence of clear clinical correlation with physical examination findings and absent documentation of recent conservative care for the elbow would fail to necessitate this surgical process as requested.

EKG, labs, CBC metabolic panel: 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 procedure is not medically necessary, none of the associated services are medically necessary.

eight sessions of physical therapy for the left wrist and hand: 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 procedure is not medically necessary, none of the associated services are medically necessary.