

Case Number:	CM13-0037164		
Date Assigned:	12/13/2013	Date of Injury:	01/20/2012
Decision Date:	08/28/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/23/2013

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 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 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 patient is a 54-year-old claimant who was injured on January 20, 2012. The records provided documented treatment with [REDACTED] and [REDACTED] between November of 2012 and October of 2013. The claimant has been treated for right cubital tunnel syndrome, right medial epicondylitis, and right carpal tunnel syndrome. [REDACTED] most recent note dated October 03, 2013 documents recommendation for surgery in the form of medial epicondylar release, cubital tunnel release, as well as carpal tunnel release. Preoperative history and physical, preoperative testing, postoperative sling, cold therapy unit, PEG catheter, TENS unit, soft wrist brace, a hot and cold wrap for the wrist and elbow and postoperative medications were requested. A new electromyogram (EMG) was also requested. The most recent office note dated October 03, 2013 documents complaints of pain along the medial elbow with radiation down the arm and numbness and tingling. Examination demonstrated positive findings of medial epicondylitis with tenderness in this region, positive findings of cubital tunnel syndrome with a Tinel's overlying the ulnar nerve and decreased 2.83 examinations in the ulnar digits. No provocative testing for carpal tunnel syndrome was performed. Records provided do not document results of the electromyogram nerve conductions in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release: Upheld

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

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

Decision rationale: The ACOEM Practice Guidelines support carpal tunnel release surgery if a definitive diagnosis is made by history, physical examination, and electrodiagnostic studies. Carpal tunnel syndrome must be proven by positive findings of physical examination and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. In this case, the most recent examination did not document carpal tunnel symptoms. There is no documentation of carpal tunnel syndrome on physical examination. Rather, the physical examination is more concerning for an ulnar nerve problem. Again, no electrical studies have been documented in the records provided. Therefore, the request is not medically necessary and appropriate.

Right Epicondylar Release: 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) Indications for Surgery. Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36.

Decision rationale: The ACOEM Practice Guidelines state that surgery for nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. Again, no electrical studies have been documented in the records provided. The ACOEM Practice Guidelines support medial epicondylitis surgery if patients fail at least six months of conservative treatment. In this case, this claimant has undergone previous medial epicondylitis surgery. The exact nature of conservative treatment of medial epicondylitis has not been documented. Therefore, the request is not medically necessary and appropriate.

Right Ulnar Nerve Release: 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) Indications for Surgery.

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

Decision rationale: The ACOEM Practice Guidelines support carpal tunnel release surgery if a definitive diagnosis is made by history, physical examination, and electrodiagnostic studies. The physical examination is more concerning for an ulnar nerve problem. No electromyogram or nerve conduction study results have been provided in this case. The ACOEM Practice Guidelines state that surgery for nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. Again, no electrical studies have been documented in the records provided. Therefore, the request is not medically necessary and appropriate.

Pre-Operative Medical Clearance (to include: history & physical, complete blood count, comprehensive metabolic panel, EKG and chest x-ray): 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.

Post-Operative Cold Therapy Unit (21-day rental): 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.

Amoxicillin (275mg, #20): 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.

Zofran (8mg, #20): 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.

RuJuveness (1 silicone sheeting to reduce scarring): 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.

Electromyogram (EMG): 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.

Soft wrist brace: 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.

Hot/Cold wrap for the wrist: 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.

Hot/Cold wrap for the elbow: 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.

TENS 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 procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Operative Liver Function test: 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.

Pre-Operative Renal Function test: 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.