

Case Number:	CM13-0045177		
Date Assigned:	12/27/2013	Date of Injury:	04/25/2011
Decision Date:	03/10/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/31/2013

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 patient is a 39-year-old gentleman, who was injured in a work related accident on 04/25/11. The clinical records for review included an orthopedic report dated 09/13/13 by [REDACTED] documenting continued complaints of left elbow pain with tingling to the digits of the left hand. Physical examination findings were documented to show positive Tinel's testing on the left with positive cubital tunnel tenderness and pain of the antecubital fossa. No further examination findings were noted. An ultrasound was performed on that date that demonstrated cubital tunnel recurrent findings status post left cubital tunnel release. The claimant's working diagnosis was ultrasound confirmed left cubital tunnel syndrome suggestive of recurrent syndrome as well as carpal tunnel syndrome. Also reviewed was a prior electrodiagnostic report from January 2013 that revealed no abnormalities of the ulnar nerve and no evidence of carpal tunnel syndrome. The recommendation was for a revision ulnar nerve decompression at the elbow with a left carpal tunnel release to be performed three months later.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel release surgery approximately 3 months post ulnar nerve: 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): 265, 270.

Decision rationale: Based on the California ACOEM guidelines, carpal tunnel release procedure to be performed three months following ulnar nerve surgery would not be supported based upon the records provided for review. There is no documentation that the claimant has formal physical examination findings supportive of a diagnosis of carpal tunnel syndrome. There is no electrodiagnostic evidence of carpal tunnel syndrome. This specific request, based on the above findings, cannot be supported as medically necessary.

Post-op Surgi-Stim unit for 90 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Interferential Current Stimulation (ICS), (Neuromuscular electrical stimulation) Page(s).

Decision rationale: Based on the California MTUS guidelines, the postoperative use of a Surgi Stim unit would not be indicated. The Surgi Stim units are a combination of interferential and neuromuscular electrical stimulation. Neuromuscular electrical stimulation is not recommended by California MTUS Chronic Pain Guidelines, except as a rehabilitative process following a stroke. There is no evidence to support its use in the postsurgical setting. This specific request would not be indicated.

Post-op Coolcare cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel procedure: Continuous cold therapy (CCT).

Decision rationale: The California MTUS Guidelines are silent. When looking at Official Disability Guidelines (ODG) criteria, the use of a cryotherapy device would be indicated for up to seven days in the home following surgical processes to the carpal tunnel. The role of operative intervention in this case has not yet been established, thus, negating the need for this device.

Post-op physical therapy QTY: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on the California MTUS Postsurgical Rehabilitative guidelines, physical therapy would not be indicated. The recommendation for the surgical process in this case has not yet been supported, thus, negating the need for postoperative therapy at this time.