

Case Number:	CM13-0046218		
Date Assigned:	12/27/2013	Date of Injury:	03/20/2011
Decision Date:	06/05/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/12/2013

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 Arizona. 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 male who sustained an injury on 3/20/11. The mechanism of injury is not documented but as a result of this injury, he developed symptoms of bilateral carpal tunnel syndrome and cubital tunnel syndrome. He has had a release of the left median and ulnar nerves and still has symptoms of wrist pain. The progress note of 8/28/13 documents a positive Tinel test over the cubital tunnel with a positive elbow flexion test of the right elbow. There was also a positive Phalen's test, Tinel test and carpal compression test over the right carpal tunnel. The patient had EMG/NCV studies on 1/31/13 which revealed evidence of bilateral mild carpal tunnel syndrome and moderate bilateral ulnar nerve compression at both elbows. Request was made for a release of the right carpal tunnel and a release of the right ulnar nerve at the elbow with anterior transposition. There was an adverse determination on 3/12/13 for lack of evidence of conservative treatment. In an appeal letter on 9/30/13, the treating physician confirms that the patient remains symptomatic with regards to the right carpal tunnel syndrome despite prior physical therapy, home exercise program, bracing, activity modification and medication. The right ulnar nerve decompression had an adverse determination because of lack of evidence of conservative treatment and also lack of evidence of ulnar nerve subluxation and a decreased likelihood of success of the right ulnar decompression due to continuing symptoms status post left surgical intervention. Again, these concerns were addressed in an appeal letter on 9/30/13 in which the provided documented failure of conservative treatment including elbow sleeve and the fact that the ulnar nerve release on the left did resolve the patient's numbness and tingling.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT SURGICAL PROCEDURE, RIGHT CARPAL TUNNEL RELEASE:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271,. Decision based on Non-MTUS Citation ODG (CARPAL TUNNEL SYNDROME CHAPTER), (ELBOW (ACUTE AND CHRONIC) CHAPTER); WHEELLESS & #39; TEXTBOOK OF ORTHOPEDICS; SURGICAL DECOMPRESSION OF CUBITAL TUNNEL.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 256. Decision based on Non-MTUS Citation MTUS ODG (CARPAL TUNNEL SYNDROME CHAPTER), (ELBOW (ACUTE AND CHRONIC) CHAPTER); WHEELLESS & #39; TEXTBOOK OF ORTHOPEDICS; SURGICAL DECOMPRESSION OF CUBITAL TUNNEL.

Decision rationale: It is documented that the patient has electrodiagnostic evidence of mild carpal tunnel syndrome. He also has physical examination evidence of median nerve irritability e.g. positive Phalen's test, positive compression test, and a positive Tinel test. However, the documentation has very little information regarding the patient's symptoms and how these symptoms interfere with his activities and the function of his hand; does he have night pain, tingling, weakness, or limitation of motion. The ACOEM has a list of questions concerning a patient's symptoms with regard to hand problems. It goes on to say that carpal tunnel syndrome does not cause pain in the hand or wrist other than night pain so if the patient has chronic hand or wrist pain, there may be another diagnosis that is being overlooked. He still has pain in the opposite wrist despite his carpal tunnel release. In the ODG indications for carpal tunnel release, 2 of the following items are required: An abnormal Katz scan diagram score, nocturnal symptoms, and a positive flick sign. Therefore until documentation is provided to determine the extent of the patient's symptoms, the medical necessity of a carpal tunnel release has not been established.

RIGHT ULNAR NERVE DECOMPRESSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation ODG (CARPAL TUNNEL SYNDROME CHAPTER), (ELBOW (ACUTE AND CHRONIC) CHAPTER); WHEELLESS & #39; TEXTBOOK OF ORTHOPEDICS; SURGICAL DECOMPRESSION OF CUBITAL TUNNEL.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ELBOW, INDICATIONS FOR SURGERY FOR CUBITAL TUNNEL SYNDROME.

Decision rationale: Again, there is electrodiagnostic evidence of cubital tunnel syndrome and the patient does have a physical examination evidence of ulnar nerve irritability. However, there

is lack of documentation of the extent and severity of his symptoms caused by the ulnar nerve compression; does he have pain, numbness, and/or tingling, is it constant or intermittent, how does it interfere or limit his activity. These are important questions to know when recommending a surgical procedure that according to the ODG is only effective 66% of the time. The ACOEM states that a surgical consultation may be indicated for patients who have had significant limitation of activity for more than 3 months. The ODG recommends surgery only after a list of conservative treatment protocols has been followed. The provider states in his appeal letter that conservative treatment has been tried including the use of an elbow pad or sleeve but again there is no documentation of the specifics of these conservative treatment protocols and the extent to which they helped. Therefore until the extent of the patient's symptoms have been documented and how these symptoms interfere or limit his activities, and what conservative treatment protocols have been followed and what the results were, the medical necessity of an ulnar nerve decompression has not been established.

POSSIBLE TRANSPOSITION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation ODG (CARPAL TUNNEL SYNDROME CHAPTER), (ELBOW (ACUTE AND CHRONIC) CHAPTER); WHEELLESS & #39; TEXTBOOK OF ORTHOPEDICS; SURGICAL DECOMPRESSION OF CUBITAL TUNNEL.

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

Decision rationale: Anterior transposition has a higher complication rate than simple decompression. However there are instances with a positive electrodiagnostic study and objective evidence of loss of function where anterior transposition is a reasonable option. Documentation of loss of function has not been provided. In addition, the medical necessity of the ulnar nerve decompression has not been established. Therefore, the medical necessity of an anterior transposition of the decompressed nerve has not been established.

PRE-OP EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN SOCIETY OF ANESTHESIOLOGISTS UPDATED PRACTICE ADVISORY FOR PREANESTHESIA EVALUATION, ANESTHESIOLOGY, 2012; 116:1-1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF CARDIOLOGY/AMERICAN HEART ASSOCIATION GUIDELINES.

Decision rationale: According to the 2007 ACC/AHA guidelines, routine EKG is not recommended and asymptomatic patients without any clinical risk factors who are to undergo a

low risk surgery. There is no documentation whether the patient has any clinical risk factors; therefore, the medical necessity of routine EKG preoperatively has not been established.

LABS TO INCLUDE UA, CBC, AND CHEM PANEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN SOCIETY OF ANESTHESIOLOGISTS UPDATED PRACTICE ADVISORY FOR PREANESTHESIA EVALUATION, ANESTHESIOLOGY, 2012; 116:1-1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MEDSCAPE, PREOPERATIVE TESTING, JAMA. JUNE 13, 2007: 2481-8, ASSOCIATION OF FAMILY PRACTICE: PREOPERATIVE TESTING FOR NONCARDIAC SURGERY, GUIDELINES AND RECOMMENDATIONS.

Decision rationale: Routine CBC is not recommended, however, hemoglobin levels for major surgery with significant expected blood loss or in patients 65 years or older is recommended. Routine chem panels are not routinely recommended for elective surgery and healthy individuals. However, they should be performed in patients with underlining chronic disease and in those taking medications that predisposed them to electrolyte abnormalities are renal failure. UA recommended for patients undergoing invasive urologic procedures or less symptoms of urinary tract infection. Therefore, there is no documentation of the patient's general health status. Therefore at this time, the above tests are not medically necessary.