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| Case Number: | CM13-0047201 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 04/27/2012 |
| Decision Date: | 04/04/2014 | UR Denial Date: | 10/24/2013 |
| Priority: | Standard | Application Received: | 11/05/2013 |

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 41 year old injured in a work related accident on April 27, 2012. The clinical records specific to the claimant's right upper extremity included a report of a May 2, 2013 upper extremity electrodiagnostic study showing ulnar neuropathy at the left elbow with motor slowing of the right ulnar nerve across the elbow. No other findings were noted. A progress report by [REDACTED] dated September 5, 2013 noted continued complaints of bilateral hand numbness, weakness and right "finger popping." The examination revealed strength at 4/5 to the wrist. There was positive carpal tunnel maneuvers bilaterally in the form of Phalen's, Tinel's and Durkin's testing. Cubital tunnel testing including a Tinel's sign and elbow hyperextension test that were positive bilaterally. There was noted to be mild to moderate triggering of the right, middle and index digits. Based on failed conservative care, operative intervention was recommended in the form of right ulnar neurolysis at the elbow with submuscular transposition, endoscopic carpal tunnel release, a right pronator flexor origin lengthening procedure and trigger finger releases to the right middle and right ring finger. The recent conservative care to the right upper extremity is not noted. Further clinical records are not supportive of the surgery in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ulnar neurolysis at the elbow, possible submuscular transposition: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow procedures

Decision rationale: Based on the CA ACOEM Guidelines and supported by the Official Disability Guidelines, surgical decompression to include a submuscular transposition would not be supported. The clinical records do not indicate subluxation of the nerve on examination. The records also do not demonstrate recent conservative care for a six months period of time to support the cubital procedure. The specific request right ulnar neurolysis at the elbow, possible submuscular transposition cannot be supported as medically necessary.

Right endoscopic carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Based on the CA ACOEM Guidelines endoscopic right carpal tunnel release would not be indicated. The claimant's electrodiagnostic studies did not demonstrate carpal tunnel findings. Therefore, the lack of clinical correlation between the physical examination findings and electrodiagnostic testing would fail to satisfy the guideline criteria.

Possible right pronator flexor origin lengthening: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Am J Orthop (Belle Mead NJ). 2004 Jun;33(6):290-4. Functional outcome following anterior submuscular transposition of the ulnar nerve with V-Y lengthening of the flexor-pronator origin. Pell RF 4th1, Velyvis JH, Chahal R, Uhl RL

Decision rationale: The MTUS/ACOEM and Official Disability Guidelines are silent. When looking at peer-reviewed orthopedic literature, the role of pronator flexor origin lengthening procedure is not indicated. The claimant's clinical history, physical examination and imaging are not consistent with the need for this surgical process. Given the lack of clinical examination finding, imaging and failed conservative care the proposed surgery cannot be recommended.

Right middle trigger finger releases: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Based on the CA ACOEM Guidelines trigger finger release would not be indicated. The claimant has tenderness over the digit. There is no documentation of prior conservative treatment including prior injection therapy which would support or indicate the need of operative intervention. The surgical process is not supported.

Right ring trigger finger releases: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Based on the CA ACOEM Guidelines right ring finger trigger finger release would not be indicated. The claimant is noted to have tenderness over the digit. However, there is no documentation of prior treatment including previous injection therapy which would support or indicate the need of operative intervention. The surgical process is not supported.