

Case Number:	CM13-0053624		
Date Assigned:	12/30/2013	Date of Injury:	07/23/2013
Decision Date:	05/19/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/18/2013

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 Orthopedic Surgery. 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, a 55-year-old gentleman, sustained an injury to the right upper extremity and neck on July 23, 2013. Clinical records available for review include an August 29, 2013, electrodiagnostic study report demonstrating moderate to severe right median nerve entrapment at the wrist and moderate to severe ulnar entrapment at the elbow. A clinical progress report dated October 8, 2013, noted right elbow and upper extremity pain. Objective findings showed no apparent distress with full range of motion and no other significant findings. The patient was diagnosed with cellulitis and abscess of the upper arm with lesion to the ulnar nerve. The records provided for review do not include documentation of conservative treatment measures. Surgical intervention is now being recommended. This request is for: right cubital tunnel release and ulnar nerve transposition; right carpal tunnel release; internal neurolysis; excision of bursa, synovial of wrist or forearm tendon sheaths; EKG cardiac clearance; postoperative physical therapy; X-ray of the right hand performed on October 17, 2013; and X-ray of the right elbow performed on October 17, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ELBOW CUBITAL TUNNEL RELEASE AND ULNAR NERVE TRANSPOSITION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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), OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: ELBOW PROCEDURE - SURGERY FOR CUBITAL TUNNEL SYNDROME (ULNAR NERVE ENTRAPMENT)

Decision rationale: California MTUS ACOEM Guidelines and Official Disability Guidelines criteria would not support the acute role of cubital tunnel release with an ulnar nerve transposition in this case. While the claimant is noted to have positive electrodiagnostic studies, there is no indication of physical examination findings demonstrating subluxation of the ulnar nerve for which an acute transposition of the nerve would be indicated. Therefore, this procedure is not medically necessary.

RIGHT CARPAL TUNNEL RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270.

Decision rationale: California MTUS ACOEM Guidelines would not support the acute need for carpal tunnel release. While the claimant is noted to have positive electrodiagnostic studies, the reviewed records do not document previous conservative care or physical examination findings to support the acute need for surgery. Therefore, this request would not be medically indicated.

INTERNAL NEUROLYSIS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270.

Decision rationale: The request for carpal tunnel release is not medically necessary. Therefore, internal neurolysis is not medically necessary.

EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: ELBOW PROCEDURE - SURGERY FOR OLECRANON BURSITIS

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Official Disability Guidelines criteria would not support this surgical process as medically necessary. While the claimant was noted to have a diagnosis of cellulitis, the records do not document indications of infection or treatment of an olecranon bursa. Absent these indications, the acute need for surgical intervention is not supported as medically necessary.

EKG/CARDIAC CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004):, Chapter 7, page 127

Decision rationale: The need for operative intervention in this case has not been established. Because the requested surgical procedures are not supported as medically necessary, preoperative clearance is not medically necessary.

POST-OP PHYSICAL THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The need for operative intervention in this case has not been established. Because the requested surgical procedures are not supported as medically necessary, preoperative clearance is not medically necessary.

X RAY OF RIGHT HAND PERFORMED 10/17/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)--OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: FOREARM, WRIST, HAND PROCEDURE

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Official Disability Guidelines criteria do not recommend the request for radiographs in this case, as the records do not document clinical examination findings or subjective complaints that would warrant imaging. Therefore, this request is not medically necessary.

X-RAY OF RIGHT ELBOW PERFORMED 10/17/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)-- OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: ELBOW PROCEDURE - RADIOGRAPHY (X-RAYS)

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Official Disability Guidelines criteria would not support the acute role of radiographs in this case, as the records do not document clinical examination findings or subjective complaints that would warrant imaging. Therefore, this request is not medically necessary.