

Case Number:	CM13-0053756		
Date Assigned:	12/30/2013	Date of Injury:	01/18/2012
Decision Date:	03/14/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/18/2013

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 Texas. 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 41 year old male who reported a cumulative traumatic injury to bilateral upper extremities. The patient is diagnosed with bilateral median nerve entrapment, bilateral ulnar nerve entrapment, bilateral forearm myalgia, bilateral thumb carpometacarpal joint arthralgia, right small and ring finger tenosynovitis with triggering, and left ring and small finger tenosynovitis. The patient was seen by [REDACTED] on 11/06/2013. The patient reported swelling in the right hand, improving range of motion, and pain with extension of the right ring and small fingers. Physical examination revealed tenderness to palpation at the thumb CMC joint with positive grinding maneuver on the left, diminished sensation at the lateral elbow, full range of motion of the elbow, tenderness to palpation at the ring and small finger A1 pulley, negative Tinel's, intact sensation with limited range of motion of the right upper extremity, and tenderness to palpation at the CMC joint with positive grinding maneuver and moderate swelling on the right. Treatment recommendations included left ulnar nerve release at the elbow, preoperative medical clearance, postoperative occupational hand therapy, bilateral thumb CMC joint injections, and left ring and small finger trigger injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Left Ulnar Nerve Release at Elbow to be performed at [REDACTED]
[REDACTED]: Upheld**

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have significant limitations of activity for more than 3 months, failure to improve with exercise programs, and clear clinical and electrophysiologic or imaging evidence of a lesion that has been shown to benefit from surgical repair. As per the documentation submitted, the patient's physical examination on the requesting date revealed only tenderness to palpation with diminished sensation to light touch at the lateral elbow. The patient demonstrated negative Tinel's testing and full range of motion. There is no documentation of an exhaustion of conservative treatment. There were also no imaging studies or electrodiagnostic reports submitted for this review. Based on the clinical information received, the request is non-certified.

Pre-Op Medical Clearance with Internist, Family Physician or [REDACTED] [REDACTED] (including CXR,Electrocardiogram (EKG),and labs) (MD will no schedule SX w/out clearance): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Testing

Decision rationale: Official Disability Guidelines state preoperative testing is often performed before surgical procedures. The decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. The patient does not maintain a medical history of significant comorbidities. As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

8-12 Post-Op Occupational Hand Therapy Sessions w/Certified Hand Therapist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16-18.

Decision rationale: California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment for ulnar nerve entrapment includes 20 visits over 10 weeks. As the patient's surgical procedure has not been authorized, the current request is also not medically necessary.

1 Bilateral Thumb CMCJ Injections w/Ultrasound Guidance: 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), Forearm, Wrist & Hand (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. The exception is corticosteroid injection about the tendon sheath or possibly the carpal tunnel in cases resistant to conservative therapy for 8 to 12 weeks. For optimal care, a clinician may always try conservative methods before considering an injection. As per the documentation submitted, there is no evidence of a recent failure to respond to conservative treatment. Additionally, it was noted on 05/24/2013 by [REDACTED], the patient underwent ring and small finger trigger injection on 01/30/2013 as well as right thumb carpometacarpal joint injection on 02/27/2013. Documentation of objective measurable improvement following the initial injections was not provided for review. Therefore, repeat injections cannot be determined as medically appropriate at this time. As such, the request is non-certified.

1 Left Ring & Small Finger Trigger Injections w/Ultrasound Guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. The exception is corticosteroid injection about the tendon sheath or possibly the carpal tunnel in cases resistant to conservative therapy for 8 to 12 weeks. For optimal care, a clinician may always try conservative methods before considering an injection. As per the documentation submitted, there is no evidence of a recent failure to respond to conservative treatment. Additionally, it was noted on 05/24/2013 by [REDACTED], the patient underwent ring and small finger trigger injection on 01/30/2013 as well as right thumb carpometacarpal joint injection on 02/27/2013. Documentation of objective measurable improvement following the initial injections was not provided for review. Therefore, repeat injections cannot be determined as medically appropriate at this time. As such, the request is non-certified.

