

Case Number:	CM13-0055801		
Date Assigned:	12/30/2013	Date of Injury:	07/11/2012
Decision Date:	03/18/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/21/2013

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:

According to the records made available for review, this is a 47-year-old male with a 7/11/12 date of injury, and s/p right ulnar nerve decompression 2/13/13. At the time of request for authorization for additional physical therapy x12 for the right knee, left elbow ulnar nerve decompression, left carpal tunnel release, post-operative cold therapy rental x7 days, post-operative occupational therapy x12, and pre-operative clearance, there is documentation of subjective (pain in his right shoulder, pain to the bilateral arms, pain in the bilateral elbows, and pain in the wrists and hands with numbness on the sides of his index and middle fingers) and objective (tenderness to the medial epicondyle, positive Tinel's, decreased sensation to light touch to all five fingers of the left hand, and tenderness in the medial joint line with crepitus noted) findings, electrodiagnostic findings (EMG/NCS Left Upper Extremity (7/11/12) report revealed evidence of moderate-severe bilateral carpal tunnel syndrome as well as entrapment of the ulnar motor nerve across the elbow segment), current diagnoses (left elbow ulnar neuropathy, right elbow epicondylitis, left wrist severe carpal tunnel syndrome, right knee small tear of the posterior horn of the medial meniscus, and Diabetes), and treatment to date (activity modification, physical therapy, IF unit, brace, injection, and medications). 10/4/13 medical report indicates that the patient has had improvement with increased range of motion in the right knee with physical therapy. There is no documentation of the number of previous physical therapy sessions completed to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

additional physical therapy x12 for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Physical medicine treatment.

Decision rationale: MTUS reference to ACOEM identifies the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals. ODG recommends a limited course of physical therapy for patients with a diagnosis of tear of the medial meniscus of the knee not to exceed 9 sessions over 8 weeks; and documentation of exceptional factors when treatment duration and/or number of visits exceeds the guidelines. Within the medical information available for review, there is documentation of a diagnosis of right knee small tear of the posterior horn of the medial meniscus. In addition, there is documentation of previous physical therapy sessions completed to date with objective improvement. However, there is no documentation of the number of previous physical therapy sessions completed and, if the number of treatments have already exceeded guidelines, documentation of exceptional factors. Therefore, based on guidelines and a review of the evidence, the request for additional physical therapy x12 for the right knee is not medically necessary.

left elbow ulnar nerve decompression: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 238-239.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Surgery for Cubital Tunnel Syndrome (Ulnar Nerve Entrapment).

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of positive electrodiagnostic studies with objective loss of function and lack of improvement with conservative care as criteria necessary to support the medical necessity of simple decompression of the ulnar nerve. ODG identifies documentation of subjective/objective findings consistent with ulnar neuropathy, significant activity limitations, delayed NCV, and failure of conservative treatment (exercise, activity modification, medications, and pad/splint for a 3 month trial period), as additional criteria necessary to support the medical necessity of simple decompression of the ulnar nerve. Within the medical information available for review, there is documentation of diagnoses of left elbow ulnar neuropathy. In addition, there is documentation of positive electrodiagnostic studies with objective loss of function and lack of improvement with conservative care (exercise, activity modification, medications, and splint for a 3 month trial period). Therefore, based on guidelines and a review of the evidence, the request for left elbow ulnar nerve decompression is medically necessary.

left carpal tunnel release: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Carpal Tunnel Release.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of positive findings on clinical examination and nerve conduction tests and failed conservative treatment including splint, medications, and corticosteroid injection, as criteria necessary to support the medical necessity of surgical decompression of the median nerve to relieve carpal tunnel syndrome. ODG identifies documentation of: At least 2 symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)), at least 2 findings by physical exam (Durkan's compression test, Semmes-Weinstein monofilament test, Phalen Sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness (thumb abduction)), at least 3 conservative treatment measures attempted (activity modification \geq 1 month, wrist splint \geq 1 month, nonprescription analgesia, physical therapy referral for home exercise training, and/or successful initial outcome from corticosteroid injection trial (optional)), and positive electrodiagnostic testing as criteria necessary to support the medical necessity of carpal tunnel release. Within the medical information available for review, there is documentation of positive findings on clinical examination and nerve conduction tests and failed conservative treatment including splint, medications, and corticosteroid injection. Therefore, based on guidelines and a review of the evidence, the request for left carpal tunnel release is medically necessary.

post-operative cold therapy rental x7 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Physician Reviewer based his/her decision on Other Medical Treatment Guideline or Medical Evidence: Knee Surg Sports Traumatol Arthrosc. 2011 Feb;19(2):314-9. doi: 10.1007/s00167-010-1280-4. Epub 2010 Oct 7

Decision rationale: MTUS and ODG do not specifically address this issue. Evidence based guidelines/medical practice standards of care revealed that continuous flow cryotherapy units are not recommended in the post-operative management of wrist/hand injuries. Within the medical information available for review, there is documentation of diagnoses of left elbow ulnar neuropathy, right elbow epicondylitis, left wrist severe carpal tunnel syndrome, right knee small tear of the posterior horn of the medial meniscus, and Diabetes. In addition, there is documentation of a pending wrist surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for post-operative cold therapy rental x7 days is not medically necessary.

post-operative occupational therapy x12: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: There is documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for post-operative occupational therapy x12 is medically necessary.

pre-operative clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 lab testing.

Decision rationale: There is documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for pre-operative clearance is medically necessary.