

<b>Case Number:</b>	CM13-0064082		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/22/2012
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Hand 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 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 injured worker is a 54-year-old female who reported an injury on 10/22/2012 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her neck, right shoulder, and right arm. The injured worker's treatment history included medications, physical therapy, injections, and immobilization. The patient underwent an MRI (magnetic resonance imaging) of the right shoulder on 07/02/2013 that documented mild supraspinatus tendinosis and evidence of impingement. The injured worker also underwent an electrodiagnostic study in 02/2013 that documented mild to moderate right sided bilateral complaints and mild right ulnar neuropathy. The injured worker was evaluated on 10/28/2013. It was documented that the injured worker had no grip strength of the left hand when compared to the right. It was documented that the injured worker a positive Phalen's test and a positive Tinel's test. It was documented that the injured worker had right carpal tunnel syndrome that had failed conservative treatments. The injured worker's treatment plan included right cubital tunnel release, right carpal tunnel release, and left shoulder arthroscopy; also noted, the injured worker had discontinued care with the requesting orthopedic physician. No further treatment was provided by the requesting physician. The injured worker was evaluated by another orthopedic surgeon on 11/19/2013. It was documented that the injured worker's primary complaints were neck pain, right shoulder pain, right elbow pain, right wrist and hand pain, and left shoulder pain. It was document that the injured worker had progressive pain complaints due to the continuation of work. Physical examination findings included tenderness over the C5, C6, C7 vertebral processes, restricted cervical range of motion secondary to pain. Evaluation of the shoulders documented right shoulder tenderness and restricted range of motion of the right shoulder secondary to pain in all planes. Evaluation of the right wrist and hand documented a positive Tinel's sign on the right with tenderness to palpation along the median nerve distribution of the

right hand and decreased grip strength when compared to the left with a positive Phalen's sign. The evaluating doctor recommended carpal tunnel release surgery and right cubital tunnel surgery. However, a delay of the shoulder arthroscopy was recommended.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **RIGHT CUBITAL TUNNEL RELEASE;: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ulnar Nerve Entrapment, (ACOEM Practice Guidelines (2007)), pgs. 36-38, and Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION (2004), 11, 270-271

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends surgical intervention for injured workers who have chronic physical findings corroborated by an imaging or electrodiagnostic study that would benefit from surgical intervention and has failed to respond to conservative treatments. The clinical documentation does support that the injured worker has clinical findings of cubital tunnel syndrome supported by an electrodiagnostic study. However, the clinical documentation clearly indicates that the requesting physician is no longer providing treatment to the injured worker. As no clinical documentation within the last 6 months has been provided by the requesting physician, there is no way to determine the requesting physician's intent to provide this surgery. Additionally, as the clinical documentation indicates that the injured worker is receiving treatment from another physician, there does not appear to be any justification for the original physician to be requesting surgery. As such, the requested right cubital tunnel release is not medically necessary or appropriate.

#### **RIGHT CARPAL TUNNEL RELEASE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, 270. 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): 270-271. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION (2004), 11, 270-271

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends surgical intervention for injured workers who have chronic physical findings corroborated by an imaging or electrodiagnostic study that would benefit from surgical

intervention and has failed to respond to conservative treatments. The clinical documentation does support that the injured worker has clinical findings of cubital tunnel syndrome supported by an electrodiagnostic study. However, the clinical documentation clearly indicates that the requesting physician is no longer providing treatment to the injured worker. As no clinical documentation within the last 6 months has been provided by the requesting physician, there is no way to determine the requesting physician's intent to provide this surgery. Additionally, as the clinical documentation indicates that the injured worker is receiving treatment from another physician, there does not appear to be any justification for the original physician to be requesting surgery. As such, the requested right carpal tunnel release is not medically necessary or appropriate.

**RIGHT SHOULDER ARTHROSCOPY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION (2004), 9, 211

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends surgical intervention for injured workers who have chronic physical findings corroborated by an imaging or electrodiagnostic study that would benefit from surgical intervention and has failed to respond to conservative treatments. The clinical documentation does support that the injured worker has clinical findings of cubital tunnel syndrome supported by an electrodiagnostic study. However, the clinical documentation clearly indicates that the requesting physician is no longer providing treatment to the injured worker. As no clinical documentation within the last 6 months has been provided by the requesting physician, there is no way to determine the requesting physician's intent to provide this surgery. Additionally, as the clinical documentation indicates that the injured worker is receiving treatment from another physician, there does not appear to be any justification for the original physician to be requesting surgery. As such, the requested right shoulder arthroscopy is not medically necessary or appropriate.

**MEDICAL CLEARANCE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: Institute for clinical systems improvement (ICSI). Preoperative evaluation. Institute for clinical systems improvement (ICSI). 2008, July. 32 p. (20 references)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary. As such, the request for medical clearance is not certified.

**NORCO 5 MG #25:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary. As such, the request for post-operative Norco 5mg, #25 is not certified.