

Case Number:	CM13-0064613		
Date Assigned:	01/03/2014	Date of Injury:	01/01/2011
Decision Date:	05/23/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/12/2013

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 Pennsylvania. 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 claimant, a 40-year-old female, sustained bilateral upper extremity injuries on January 1, 2011. An electrodiagnostic study report dated August 23, 2013, revealed evidence of mild median neuropathy at the wrist and mild ulnar neuropathy at the elbows bilaterally. A November 4, 2013, progress report documents bilateral upper extremity complaints with radiating numbness to all five (5) digits, left greater than right. Objectively, there was tenderness with Tinel's testing at the elbow bilaterally, with negative Tinel's testing at the wrists bilaterally, but positive Phalen's testing on the left and negative on the right. The working impression was that of bilateral median neuropathies at the wrist, as well as underlying cubital tunnel syndrome. The records state that the claimant has been treated with physical therapy, medication management and immobilization. This request is for a staged procedure to consist of bilateral carpal and cubital releases performed on the left upper extremity, followed by the right, as well as: twelve (12) sessions of post-operative physical therapy for the left wrist; twelve (12) sessions of post-operative physical therapy for the right wrist; and pre-operative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

STAGED BILATERAL CARPAL TUNNEL RELEASE AND CUBITAL TUNNEL RELEASE - LEFT FOLLOWED BY RIGHT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 37; 270.

Decision based on Non-MTUS Citation ODG-TWC ELBOW PROCEDURE SUMMARY (LAST UPDATED 05/07/2013) and the ODG-TWC CARPAL TUNNEL SYNDROME PROCEDURE SUMMARY (LAST UPDATED 05/07/2013)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 37; 273.

Decision rationale: The MTUS/ACOEM Guidelines indicate that early surgical intervention for severe carpal tunnel syndrome (CTS) confirmed by nerve conduction velocity (NCV) may be indicated. The Guidelines also indicate that CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. The claimant's electrodiagnostic studies demonstrate mild findings related to the diagnoses of cubital and carpal tunnel syndrome. The November 4, 2013, physical examination failed to demonstrate any positive findings at the right wrist. Absent clinical correlation between the claimant's physical examination and electrodiagnostic studies, this request for the staged procedure would not be indicated as medically necessary.

POST-OPERATIVE PHYSICAL/OCCUPATIONAL THERAPY FOR THE LEFT WRIST TWICE A WEEK FOR SIX (6) WEEKS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

POST-OPERATIVE PHYSICAL/OCCUPATIONAL THERAPY FOR THE RIGHT WRIST TWICE A WEEK FOR SIX (6) WEEKS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

PRE-OPERATIVE HISTORY AND PHYSICAL EXAMINATION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

PRE AND POST OPERATIVE MEDICATIONS (PERCOCET #30, RELAFEN #60):
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.