

Case Number:	CM13-0066356		
Date Assigned:	01/08/2014	Date of Injury:	06/06/2008
Decision Date:	05/20/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/16/2013

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 Georgia and 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 55-year-old female who reported injury on 06/06/2008. The mechanism of injury was the injured worker fell over a large rock and landed on her back and used her right elbow to help break her fall. The documentation of 11/14/2013 revealed the injured worker had a previous cubital tunnel release and medial epicondylectomy and right endoscopic carpal tunnel release and had a resolution of numbness and tingling but then it recurred. The injured worker had numbness and tingling at all times per the office note. The right medial epicondyle area was more tender than the right lateral epicondyle. The pain was rated 6/10. The physical examination revealed the right lateral epicondyle was mildly tender and the medial epicondyle was more tender. The right radial tunnel was mildly tender and there was a positive direct compression and positive hyperflexion test. Right median nerve examination revealed a negative Tinel's and a positive direct compression and Phalen's. The documentation indicated the injured worker had an EMG in 04/2013 that was normal. The diagnoses included recurrent carpal tunnel syndrome status post right endoscopic carpal tunnel release, right lateral and medial epicondylectomy and right tunnel release, and cubital tunnel release, and recurrent cubital tunnel syndrome status post right cubital release. The treatment plan included a redo of the right open carpal tunnel release, possible hypothenar fat pad flap, and redo cubital tunnel release and subcutaneous versus submuscular transposition, postoperative occupational therapy 2 x 6, and preoperative clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

REDO RIGHT OPEN CARPAL TUNNEL RELEASE, POSSIBLE HYPOTHENAR FAT PAD FLAP AND REDO CUBITAL TUNNEL RELEASE AND SUBCUTANEOUS VERSUS SUBMUSCULAR TRANSPOSITION: 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: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271,45-46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Surgery Chapter, Carpal Tunnel Release.

Decision rationale: ACOEM Guidelines indicate that carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction test before surgery is undertaken. It additionally indicates that mild carpal tunnel syndrome with normal electrodiagnostic studies exist. The injured worker had normal electrodiagnostic studies. As such, secondary guidelines were sought. Per Official Disability Guidelines, carpal tunnel release surgery is recommended after an accurate diagnosis is made of moderate or severe carpal tunnel syndrome. Surgery is not generally initially indicated for mild carpal tunnel syndrome unless symptoms persist after conservative treatment. The clinical documentation submitted for review failed to provide the duration of the injured worker's conservative treatment and the injured worker's response to conservative treatment and the official electrodiagnostic reading. An open carpal tunnel release would not be supported per ACOEM and Official Disability Guidelines. ACOEM Guidelines indicate that surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrodiagnostic studies that correlate with the clinical findings. The injured worker should have a significant loss of function as reflected in significant activity limitations due to nerve entrapment and that the patient has failed conservative care, including full compliance in therapy, the use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, work station changes of applicable, and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. The clinical documentation submitted for review failed to meet the above criteria. The request for a redo of the cubital tunnel syndrome release would not be supported. Given the above, the request for redo right open carpal tunnel release, possible hypothenar fat pad flap and redo cubital tunnel release and subcutaneous versus submuscular transposition is not medically necessary.

POSTOPERATIVE OCCUPATIONAL THERAPY TWICE A WEEK FOR SIX 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.

PREOPERATIVE CLEARANCE: 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.