

Case Number:	CM13-0069727		
Date Assigned:	01/03/2014	Date of Injury:	02/04/2013
Decision Date:	06/09/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/23/2013

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, has a subspecialty in Hand 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 60-year-old female who reported injury on 02/04/2013. The mechanism of injury was the injured worker started having constant numbness in the right hand greater than left and had noticed a decreased sensation when performing vaginal examinations. The injured worker underwent an EMG/NCV on 02/25/2013 which revealed severe bilateral median neuropathy at the wrists, right and left bilateral carpal tunnel syndrome affecting sensory and motor components with evidence of motor and sensory axonopathy and bilateral ulnar neuropathy across the elbows. The physician noted of 11/11/2013 revealed the injured worker indicated that the symptoms were intermittent and worsening. These symptoms included swelling, numbness, and weakness. The objective physical examination revealed the injured worker had decreased sensation on the right hand. The diagnoses included bilateral cubital tunnel and carpal tunnel syndrome. The injured worker was status post right cubital tunnel release and right volar ganglion cyst post excision. The treatment plan included left cubital tunnel release and left carpal tunnel release. The subsequent documentation of 11/25/2013 revealed the injured worker had a positive Tinel's across the cubital tunnel.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT ELBOW CUBITAL TUNNEL RELEASE AND CARPAL TUNNEL RELEASE:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 45-46, 270-271.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) indicate that surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrodiagnostics correlating with clinical findings. There should be documentation of a significant loss of function including significant activity limitations due to nerve entrapment and that the injured worker has failed conservative care including full compliance in therapy, the use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, and avoiding irritation at night by preventing prolonged elbow flexion while sleeping. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination and electrical studies. However, it failed to provide documentation of the other required criteria. This portion of the request would not be supported. The ACOEM Guidelines indicate that surgical decompression of the median nerve is appropriate when it is proved by positive findings on clinical examination and that the diagnosis should be supported by nerve conduction test before surgery is undertaken. The clinical documentation submitted for review indicated the injured worker had findings upon electrodiagnostic testing; however, there was a lack of documentation including objective findings upon clinical examination. As such, this portion of the request would not be supported. Given the above, the request for left elbow cubital tunnel release and carpal tunnel release is not medically necessary and appropriate.

DURABLE MEDICAL EQUIPMENT: SLING AND COCK-UP SPLINT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 45-46, 270-271.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.