

<b>Case Number:</b>	CM13-0070441		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	01/18/2012
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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:

This claimant is a 43-year-old gentleman who was injured in a work-related accident on January 18, 2012. The clinical records for review indicate injuries to the bilateral upper extremities. Recent clinical assessment, dated August 23, 2013, documented continued complaints of tenderness to the small and ring digit. Physical examination findings showed diminished sensation of light touch at those digits with a positive Tinel's sign. The records documented previous surgery for ulnar nerve decompression of the right elbow on April 15, 2013 as well as bilateral carpal tunnel procedures in 2012. An orthopedic follow-up report of December 5, 2013 indicated continued complaints of pain to the upper extremities secondary to cumulative trauma. Physical examination particularly of the left upper extremity showed tenderness to palpation at the thumb carpometacarpal joint with positive grinding maneuver, diminished sensation at the lateral elbow, and diminished sensation to light touch subjectively at the small and ring digits. The treatment plan was for left ulnar nerve decompression, bilateral thumb carpometacarpal joint injections under ultrasound guidance, and left ring and small digit A1-pulley trigger injections with ultrasound guidance for further care. There was tenderness to palpation over the ring and small digit to the A1-pulley. The claimant was documented to be status post A1-pulley release on October 17, 2013 and status post a single prior carpometacarpal joint injection to the right thumb on February 27, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT ULNAR NERVE DECOMPRESSION AT THE ELBOW:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37.

**Decision rationale:** California ACOEM Guidelines do not support the request for ulnar nerve decompression at the elbow. There is no documentation of electrodiagnostic studies to confirm the diagnosis of cubital tunnel syndrome nor is there documentation of recent conservative care that has failed over the past six months as recommended by the ACOEM Guidelines. The specific request in this case would not be indicated.

**PRE-OPERATIVE MEDICAL CLEARANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) pg. 127.

**Decision rationale:** The request for ulnar nerve decompression at the elbow is not recommended as medically necessary. Therefore, the request for preoperative medical clearance is not indicated.

**POST-OPERATIVE OCCUPATIONAL THERAPY HAND THERAPIST, 8-12 SESSIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Post Operative Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The request for ulnar nerve decompression at the elbow is not recommended as medically necessary. Therefore, the request for postsurgical physical therapy is not recommended.

**BILATERAL THUMB CMCJ INJECTIONS WITH ULTRASOUND GUIDANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guideline criteria, while carpometacarpal joint injections can be utilized, this claimant is noted to have had prior injections that provided only three days of temporary pain relief. Based upon the lack of documentation of significant benefit from the prior injections, the request for injections at the carpometacarpal joints cannot be recommended as medically necessary.

**LEFT RING AND SMALL FINGER TRIGGER A1 PULLEY INJECTIONS WITH ULTRASOUND GUIDANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The MTUS and ACOEM Guidelines are silent. The Official Disability Guidelines in general support trigger finger injections. The records in this case document that the claimant is status post ring and small finger surgery of the A1-pulley in October 2013. The recommendation for the left ring and small finger trigger A1 pulley injections was made in December 2013. As the surgery occurred six weeks before the recommendation for the injections, there is no documentation to clarify why the injections were recommended. The medical records therefore, do not support the acute need of an injection given the nature of the claimant's recent surgical process having been performed.

**PERMANENT AND STATIONARY EVALUATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code 4600(a).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) pg. 127

**Decision rationale:** Based on California ACOEM guidelines, the request for evaluation to determine if the claimant is permanent and stationary would not be indicated. The claimant is in the postoperative setting following recent cubital tunnel release procedure as well as recent trigger finger release procedures. It does not appear that the claimant has completed his rehabilitation and therefore, has not recovered to the point to be evaluated for permanent and stationary status.