MAXIMUS Federal Services

Case Number:	CM14-0000510		
Date Assigned:	01/10/2014	Date of Injury:	05/13/2013
Decision Date:	06/13/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/02/2014

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 of Orthopedic Surgery and is licensed to practice in California. 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 individual with a date of injury of May, 2013. The mechanism of injury is not disclosed. A progress note dated November 21, 2013 indicates that the claimant complains of right elbow, burning pain and numbness. The patient was evaluated by the shoulder surgeon for assessment and treatment recommendations. At that time, electromyography (EMG)/NCV (nerve conduction velocity) studies of the bilateral upper extremity for performed revealing moderate to severe right ulnar neuropathy, and mild to moderate right carpal tunnel syndrome. A right carpal tunnel release and right ulnar nerve transposition was recommended. This procedure was not authorized. In September, conservative care was continued under the direction of [redacted]. X-rays of the neck were obtained in the course of acupuncture therapy was recommended. Six (6) sessions of acupuncture therapy for the bilateral shoulders, arms, elbows, and wrists were provided. There was slight temporary relief. Additionally, treatment provided also included E-stim, wrist braces, in the right elbow guard. Since that time the claimant is not received treatment by any other physician in reference to the right upper extremity. Currently, the patient is not attending any kind of physical medicine therapy, and no further diagnostic studies at been provided. The current subjective complaints include numbness of the fingers of the right hand with paresthesias in the right wrist in pain from the right elbow, radiating to the wrist and fingers, as well as the arm, shoulder, and neck. Weakness of the right hand is noted with a report of dropping objects, and difficulty with gripping, and grasping. Physical examination reveals a positive elbow flexion test and a positive Tinel's sign on the right. Strength of the fingers and thumb reveals the finger and thumb flexors on the right to be 4/5, compared to 4+/5 on the left. Phalen's sign is positive on the right and Tinel's sign is positive for the carpal tunnel. Median nerve compression test is positive (on the right). The diagnosis noted is right cubital tunnel syndrome, right medial epicondylitis, and right

carpal tunnel syndrome. The treatment recommendation is for right carpal tunnel release, right wrist flexor tenosynovectomy, a right subcutaneous transposition of the ulnar nerve at the cubital tunnel, and neural lysis of the ulnar nerve of the right arm and forearm. The record notes. Immediate postoperative needs include continuous passive motion (CPM) for the finger, a thermocouple compression therapy, device, and postoperative medications to include Keflex 500 mg TID #30, and Norco 10/325 1 PO Q4 to 6 hours PRN pain #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUOUS PASSIVE MOTION, FINGER FOR 30 DAYS RENTAL: 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), Forearm, Wrist, and Hand, Continuous passive motion (CPM).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand (Acute and Chronic)-continuous passive motion.

Decision rationale: The Official Disability Guidelines (ODG) supports the use of a continuous passive motion device in select clinical settings for the rehabilitation following fracture tendon repairs. The record indicates a confirmed diagnosis of carpal tunnel syndrome and cubital tunnel syndrome. Based on the clinical data available and the guidelines support based on evidence-based literature, this request for continuous passive motion (CPM) for the finger to the proposed surgical intervention is not supported by the guidelines. Therefore, the request is not certified.

THERMOCOOL COMPRESSION THERAPY FOR 30 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273, 596. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Continuous cold therapy (CCT), Elbow: Cold packs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264, 271-273.

Decision rationale: The California MTUS/ACOEM guidelines provide no support for the use of cryotherapy devices in the postoperative setting following carpal tunnel release and cubital tunnel release. In the absence of the guidelines support for the use of cold compression therapy, the guidelines criteria are not met in this request. As such, the request is not certified.

CUSTOM LONG ARM SPLINT PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273,

573-574. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Splinting.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Surgery for cubital tunnel syndrome (ulnar nerve entrapment).

Decision rationale: The California Medical Treatment Utilization Schedule (CA MTUS), American College of Occupational and Environmental Medicine (ACOEM), and Official Disability Guidelines (ODG) does not reference any support of the customs planned for the proposed surgical intervention. In the absence of a narrative to substantiate the medical necessity of a custom splint in this clinical setting, this request is not certified.