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| Case Number: | CM14-0003404 | | |
| Date Assigned: | 01/31/2014 | Date of Injury: | 09/17/2012 |
| Decision Date: | 07/08/2014 | UR Denial Date: | 12/12/2013 |
| Priority: | Standard | Application Received: | 01/08/2014 |

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 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 51-year-old male who sustained an injury on September 17, 2012 when the left forearm was crushed by a tractor causing a nondisplaced closed linear fracture of the left proximal ulna. Past medical history is significant for diabetes. In the clinic note from October 9, 2013, the injured worker is documented to have left elbow pain, wrist pain, and hand numbness. The examination documents tenderness palpation at the left antecubital fossa, pain with resistant supination, and pain with wrist extension. There is a positive Tinel's test over the cubital tunnel. Radiographs of the left forearm were reviewed and demonstrated a malunited ulna fracture. Subsequently an MRI of the left elbow was obtained. The MRI documented demonstrated a bony spur causing compression on the traversing ulnar nerve. The following requests were denied on December 12, 2013: left ulnar nerve decompression, 12 postoperative physical therapy visits, and preoperative studies to include CBC, BMP, EKG, and a chest x-ray. The reviewer denied the latter two requests as the operative intervention was found to be not medically necessary secondary to a lack of conservative measures being documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT ULNAR NERVE DECOMPRESSION/CARPAL TUNNEL RELEASE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-606.

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

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM), recommends conservative options including an elbow pad, avoidance of leaning on the elbow, avoidance of prolonged hyper flexion, and utilization of oral anti-inflammatories. Based on the clinical documentation provided, the injured worker is diabetic and as such anti-inflammatories are generally contraindicated. Additionally, the advanced imaging study demonstrated a bony spur causing compression on the traversing ulnar nerve. Regardless of how much external padding or avoidance of leaning on the elbow, this is not change the underlying fact that there is an anatomical abnormality arising from the ulna following the previous ulnar shaft fracture. This bone spur is causing compression of the ulnar nerve, and conservative management will not change this. As such, the requested Operative Intervention is medically necessary.

POST OP PHYSICAL THERAPY (2X6): Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18.

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

Decision rationale: The topic of postoperative physical therapy following ulnar nerve decompression is not directly address by the California Medical Treatment Utilization Schedule (MTUS) or American College of Occupational and Environmental Medicine (ACOEM). As such, the Official Disability Guidelines (ODG) is utilized. The ODG recommends up to 20 physical therapy visits following operative intervention for ulnar nerve entrapment. Based on the clinical documentation provided, the requested operative intervention has been found to be medically necessary. As such, the requested postoperative physical therapy is medically necessary.

PRE-OPERATIVE LABS INCLUDING CBC, BMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative Lab testing, Preopertavie testing, Preoperative electrocardiogram.

Decision rationale: The Official Disability Guidelines (ODG) is utilized as this topic is not properly addressed by the American College of Occupational and Environmental Medicine (ACOEM) or California Medical Treatment Utilization Schedule (CAMTUS). The ODG supports the use of electrolyte and creatinine testing for individuals with underlying chronic

diseases, A1c testing for individuals with diagnosed diabetes, CBC for those individuals who are at risk of anemia or significant preoperative blood loss. Based on the clinical documentation provided, the injured worker does have a history of diabetes and the BMP is considered medically necessary. However, there is not a significant bleeding risk with endoscopic carpal tunnel release. With this information, the request is not medically necessary.

PRE-OPERATIVE EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative Lab testing, Preoperative testing, Preoperative electrocardiogram.

Decision rationale: The Official Disability Guidelines (ODG) is utilized as this topic is not properly addressed by the American College of Occupational and Environmental Medicine (ACOEM) or California Medical Treatment Utilization Schedule (MTUS). The ODG supports EKG in individuals with at least one clinical risk factor including diabetes that are undergoing intermediate or high-risk procedures. The ODG defines endoscopic procedures as low surgical risk, and recommends against a preoperative EKG. As such, this request is medically necessary.

PRE-OPERATIVE CHEST X-RAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative Lab testing, Preoperative testing, Preoperative electrocardiogram.

Decision rationale: The Official Disability Guidelines (ODG) is utilized as this topic is not properly addressed by the American College of Occupational and Environmental Medicine (ACOEM) or California Medical Treatment Utilization Schedule (MTUS). The ODG supports the use of preoperative testing in general to help stratify risk, direct anesthetic choices, and guide postoperative management. However, the requested operative procedure is considered low risk and there is no documentation of underlying respiratory issue that requires evaluation with a chest x-ray. As such, the request is not medically necessary.