

Case Number:	CM14-0100707		
Date Assigned:	07/30/2014	Date of Injury:	03/28/2013
Decision Date:	10/06/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/30/2014

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 Indiana. 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 member is a 69-year-old female with a date of injury of 11/19/11. She has symptoms of bilateral elbow pain and bilateral wrist pain. The member has tenderness at the level of the medial epicondyle of both elbows with a positive Tinel sign bilaterally. Both wrists show a positive Phalen and reverse Phalen signs with decreased grip strength, decreased two-point discrimination of the hands bilaterally, especially on the fourth and fifth digits bilaterally, and distal radial tenderness. Clinically, the member complains of bilateral hand pain with numbness, tingling, and decreased grip strength and shocking pain radiating proximally bilaterally. The member by history has had electrodiagnostic studies dated 4/24/13 which indicated mild right carpal tunnel and ulnar motor neuropathy and left ulnar motor neuropathy syndromes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow cubital tunnel release: Upheld

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

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

Decision rationale: According to the Official Disability Guidelines (ODG) Indication for Surgery for cubital tunnel syndrome: Initial conservative treatment, requiring all of the following -1.Exercise: Strengthening the elbow flexors/extensors isometrically and isotonicly within 0 - 45 degrees2. Activity Modification: Recommend decreasing activities of repetition that may exacerbate the patient's symptoms. Protect the ulnar nerve from prolonged elbow flexion during sleep, and protect the nerve during the day by avoiding direct pressure or trauma3. Medication: NSAIDs in an attempt to decrease inflammation around the nerve4. Pad/Splint: Use an elbow pad and/or night splinting for a 3-month trial period. Consider daytime immobilization for 3 weeks if symptoms do not improve with splinting. If the symptoms do improve, continue conservative treatment for at least 6 weeks beyond the resolution of symptoms to prevent recurrence. In this member's case, there is not documentation exercises and splinting being employed as conservative treatment measures. The member has been given work restrictions (activity modification) and because of renal disease, the member cannot take NSAIDs. Since initial conservative treatment measures as documented in the ODG guidelines for treatment of cubital tunnel have not been fully implemented and exhausted, right elbow cubital tunnel release is not medically necessary.

Right wrist tunnel release: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Release: Indications for Surgery

Decision rationale: This member has met the Official Disability Guidelines (ODG) criteria for surgery for severe or not severe carpal tunnel syndrome (CTS).1. Severe CTS, requiring ALL of the following: Symptoms/findings of severe CTS requiring ALL of the following: Muscle atrophy, severe weakness of thenar muscles, two point discrimination test > 6 mm AND Positive electrodiagnostic testing; OR2. Not severe CTS, requiring ALL of the following: Symptoms (pain/numbness/paresthesia/impaired dexterity), requiring TWO of the following: 1. Abnormal Katz hand diagram scores, 2. Nocturnal symptoms, and 3. Flick sign (shaking hand); Findings by PE requiring TWO of the following: 1. Compression test, 2. Semmes-Weinstein monofilament test, 3. Phalen sign, 4. Tinel's sign, 5. Decreased 2-point discrimination, 6.Mild thenar weakness (thumb abduction); Comorbidities: no current pregnancy; Initial conservative treatment, requiring THREE of the following: 1. Activity Modification >= 1 month; 2. Night wrist splint >= 1 month; Nonprescription analgesia (i.e. Tylenol); 4. Home exercise training (provided by the physician, healthcare provider or therapist); 5.Successful initial outcome from steroid injection trial (optional); Positive electrodiagnostic testing. The member does not meet the ODG criteria for surgery for either severe or not severe carpal tunnel syndrome according to the documentation in the medical records provided and therefore right wrist carpal tunnel release is not medically necessary.

Post-operative physical therapy x 12: 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.