

Case Number:	CM14-0014968		
Date Assigned:	02/28/2014	Date of Injury:	02/06/2004
Decision Date:	08/13/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/06/2014

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 Surgeon and Hand Surgeon and is licensed to practice in 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 53-year-old female who reported an injury on 02/06/2004 due to cumulative trauma while performing normal job duties. The injured worker underwent an electrodiagnostic study on 12/23/2013 that noted there was no evidence of peripheral nerve impingement or radiculopathy. The injured worker's treatment history included physical therapy and nonsteroidal anti-inflammatory drugs. The injured worker was evaluated on 01/16/2014. It was documented that the injured worker had undergone ulnar nerve release and submuscular transposition of the right side several years ago with good relief. Therefore, left-sided treatment was being requested. The physical findings included severe pain with tenderness to palpation of the thumb and dorsal aspect of the hand and numbness in the radial nerve distribution. The injured worker had a positive ulnar nerve cubital tunnel sign, positive elbow flexion test, a positive Tinel's sign of the medial and ulnar nerves, a positive carpal compression sign, and a positive Phalen's sign. It was noted that the injured worker had a slight prolonged 6 mm to 8 mm median and ulnar nerve distribution 2 point discrimination test. The injured worker's diagnoses included left elbow pain and lesion of radial nerve, cubital tunnel syndrome bilaterally, and carpal tunnel syndrome bilaterally. The request was made for surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

CUBITAL TUNNEL RELEASE, LEFT ELBOW: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-44.

Decision rationale: The requested cubital tunnel release of the left elbow is not medically necessary or appropriate. The ACOEM recommends surgical intervention for elbow and wrist injuries be supported by significant functional deficits identified upon physical examination corroborated by a pathology identified on electrodiagnostic studies that have failed conservative treatment. The clinical documentation submitted for review does indicate that the injured worker previously underwent a right-sided surgical intervention with good result. However, the clinical documentation submitted for review does indicate that the injured worker had recently undergone an electrodiagnostic study that did not identify any abnormalities. Although the clinical documentation does indicate that the injured worker has significant functional deficits related to this injury and would support the diagnoses of carpal tunnel and cubital tunnel syndrome, without any diagnostic support, surgical intervention would not be supported. There is no documentation that the injured worker has undergone a diagnostic injection to establish cubital tunnel and carpal tunnel pathology. Therefore, surgical intervention would not be indicated at this time. As such, the requested cubital tunnel release of the left elbow is not medically necessary or appropriate.

CARPAL TUNNEL RELEASE ,LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The requested carpal tunnel release, left wrist is not medically necessary or appropriate. The ACOEM recommends surgical intervention for elbow and wrist injuries be supported by significant functional deficits identified upon physical examination corroborated by a pathology identified on electrodiagnostic studies that have failed conservative treatment. The clinical documentation submitted for review does indicate that the injured worker previously underwent a right-sided surgical intervention with good result. However, the clinical documentation submitted for review does indicate that the injured worker had recently undergone an electrodiagnostic study that did not identify any abnormalities. Although the clinical documentation does indicate that the injured worker has significant functional deficits related to this injury and would support the diagnoses of carpal tunnel and cubital tunnel syndrome, without any diagnostic support, surgical intervention would not be supported. There is no documentation that the injured worker has undergone a diagnostic injection to establish cubital tunnel and carpal tunnel pathology. Therefore, surgical intervention would not be indicated at this time. As such, the requested carpal tunnel release, left wrist is not medically necessary or appropriate.

ULNAR NERVE RELEASE LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-44.

Decision rationale: The requested ulnar nerve release left wrist is not medically necessary or appropriate. The ACOEM recommends surgical intervention for elbow and wrist injuries be supported by significant functional deficits identified upon physical examination corroborated by a pathology identified on electrodiagnostic studies that have failed conservative treatment. The clinical documentation submitted for review does indicate that the injured worker previously underwent a right-sided surgical intervention with good result. However, the clinical documentation submitted for review does indicate that the injured worker had recently undergone an electrodiagnostic study that did not identify any abnormalities. Although the clinical documentation does indicate that the injured worker has significant functional deficits related to this injury and would support the diagnoses of carpal tunnel and cubital tunnel syndrome, without any diagnostic support, surgical intervention would not be supported. There is no documentation that the injured worker has undergone a diagnostic injection to establish cubital tunnel and carpal tunnel pathology. Therefore, surgical intervention would not be indicated at this time. As such, the requested ulnar nerve release left wrist is not medically necessary or appropriate.

NEUROPLASTY FOREARM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The requested neuroplasty forearm is not medically necessary or appropriate. The ACOEM recommends surgical intervention for elbow and wrist injuries be supported by significant functional deficits identified upon physical examination corroborated by a pathology identified on electrodiagnostic studies that have failed conservative treatment. The clinical documentation submitted for review does indicate that the injured worker previously underwent a right-sided surgical intervention with good result. However, the clinical documentation submitted for review does indicate that the injured worker had recently undergone an electrodiagnostic study that did not identify any abnormalities. Although the clinical documentation does indicate that the injured worker has significant functional deficits related to this injury and would support the diagnoses of carpal tunnel and cubital tunnel syndrome, without any diagnostic support, surgical intervention would not be supported. There is no documentation that the injured worker has undergone a diagnostic injection to establish cubital tunnel and carpal tunnel pathology. Therefore, surgical intervention would not be indicated at this time. As such, the requested neuroplasty forearm is not medically necessary or appropriate.

PARTIAL TENDON RESECTION , TENOTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The requested partial tendon resection, tenotomy is not medically necessary or appropriate. The ACOEM recommends surgical intervention for elbow and wrist injuries be supported by significant functional deficits identified upon physical examination corroborated by a pathology identified on electrodiagnostic studies that have failed conservative treatment. The clinical documentation submitted for review does indicate that the injured worker previously underwent a right-sided surgical intervention with good result. However, the clinical documentation submitted for review does indicate that the injured worker had recently undergone an electrodiagnostic study that did not identify any abnormalities. Although the clinical documentation does indicate that the injured worker has significant functional deficits related to this injury and would support the diagnoses of carpal tunnel and cubital tunnel syndrome, without any diagnostic support, surgical intervention would not be supported. There is no documentation that the injured worker has undergone a diagnostic injection to establish cubital tunnel and carpal tunnel pathology. Therefore, surgical intervention would not be indicated at this time. As such, the requested partial tendon resection, tenotomy is not medically necessary or appropriate.

10 POST OPERATIVE PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.