

Case Number:	CM14-0017044		
Date Assigned:	03/05/2014	Date of Injury:	11/16/2011
Decision Date:	05/28/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/10/2014

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 Hand Surgery 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 38-year-old female who reported an injury on 11/16/2011 after she attempted to transition a patient. The injured worker reportedly sustained an injury to her left wrist and left forearm. The injured worker's treatment history included physical therapy, a home exercise program, medications, and ice and heat applications. The injured worker underwent left wrist arthroscopy and debridement of the tri-fibro cartilage complex and excision of a ganglion cyst on 03/05/2012 which was followed by postoperative physical therapy. The injured worker underwent an electrodiagnostic study that documented there was no evidence of left carpal tunnel syndrome or any other upper limb nerve root issue. The injured worker underwent an MRI of the left elbow on 07/16/2013. It was documented that there was evidence of ulnar neuritis and mild common extensor tendonitis. The injured worker was evaluated on 10/28/2013. It was documented that the injured worker had painful left medial and lateral range of motion with tenderness to palpation, numbness and tingling along the ulnar nerve root. Physical findings included a positive Tinel's and positive cubital tunnel sign with a positive Finkelstein of the left thumb, diminished sensation to pinprick in the left 4th and 5th digits. The injured worker's diagnoses included tenosynovitis of the wrist, tenosynovitis of the elbow, and wrist pain. Surgical intervention to the left elbow and wrist was recommended. The injured worker was again evaluated on 01/02/2014. It was documented that the injured worker had continued moderately painful left elbow and forearm and left wrist and hand. Clinical findings included positive left cubital tunnel Tinel's and positive left wrist Tinel's and Phalen's signs with a positive left thumb Finkelstein's sign. A request for gabapentin and surgical intervention for the left wrist and elbow was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGERY DECOMPRESSION LEFT ELBOW, CUBITAL TUNNEL RELEASE, LEFT CARPAL TUNNEL RELEASE, LEFT WRIST FIRST EXTENSOR COMPARTMENT:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 37.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 10; 25-26; 11; 270-271.

Decision rationale: The requested surgical decompression of the left elbow, cubital tunnel release, left carpal tunnel release and left wrist extensor compartment is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention to the elbow, forearm, and wrist is supported by documentation of significant functional deficits supported by physical findings of carpal tunnel and cubital tunnel syndrome that are supported by electrodiagnostic studies. The clinical documentation submitted for review does provide evidence that the injured worker has persistent physical findings and has failed to respond to conservative treatments. However, most recent electrodiagnostic evidence does not support ulnar right neuropathy at the elbow or carpal tunnel syndrome. In the absence of positive electrodiagnostic findings, surgical intervention would not be supported. As such, the requested surgical decompression of the left elbow, cubital tunnel release, left carpal tunnel release and left wrist 1st extensor compartment is not medically necessary or appropriate.

WRIST & ELBOW SUPPORT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

PRE OPERATIVE STUDIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

POST OPERATIVE PHYSICAL THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

GABAPENTIN 300MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 16, 60.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

TYLENOL WITH CODEINE #3 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 78.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.