MAXIMUS Federal Services

Case Number:	CM14-0019929		
Date Assigned:	04/28/2014	Date of Injury:	10/04/2011
Decision Date:	07/08/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/18/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in Pennsylvania. 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 claimant is a 65-year-old gentleman who was injured on October 4, 2011. The records provided for review include a February 25, 2014 progress report documenting bilateral hand complaints, left greater than right, with numbness and tingling. Physical examination showed tenderness to palpation, reproducible pain with elbow flexion and palpation and positive Tinel's testing at the elbow. The carpal tunnel had positive Phalen's test, thenar atrophy and mild weakness noted. The report of electrodiagnostic studies from February 7, 2014 showed positive bilateral carpal tunnel symptoms moderate to severe on the right and described interval worsening on the left when compared to previous studies. There was also positive evidence of cubital tunnel syndrome, mild on the right, moderate on the left. The claimant was diagnosed with a previous left ulnar nerve and cubital tunnel release with continued cubital and carpal tunnel syndrome, moderate right carpal tunnel syndrome. There is a specific request for right ulnar nerve release, repeat nerve conduction testing of the left upper extremity and eight additional sessions of physical therapy postoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT NERVE CONDUCTION TEST FOR LEFT CARPAL TUNNEL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The California ACOEM Guidelines do not support the request for repeat electrodiagnostic testing for the left carpal tunnel. The records provided for review include a recent nerve test performed on February 7, 2014 that clearly established diagnoses of both cubital and carpal tunnel syndrome. The specific request for repeat studies for the left upper extremity would not be indicated. The request is not medically necessary and appropriate.

RIGHT ULNAR RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37.

Decision rationale: The California ACOEM Guidelines for the Elbow do not support the request for an ulnar nerve release on the right. Although the records provided for review indicate that the claimant remains symptomatic with a mildly positive electrodiagnostic study supporting a cubital tunnel diagnosis of the right upper extremity, there is no documentation of recent conservative care offered for the symptoms. The ACOEM Elbow Guidelines recommend six months of conservative care before proceeding with an operative procedure. The request is not medically necessary and appropriate.

POST-OP OCCUPATIONAL THERAPY, #8 SESSIONS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CUBITAL TUNNEL RELEASE.

Decision rationale: The California MTUS Postsurgical Rehabilitative Guidelines would not support eight sessions of postoperative physical therapy as the need for surgical intervention has not been established. The request is not medically necessary and appropriate.