

Case Number:	CM14-0133016		
Date Assigned:	08/22/2014	Date of Injury:	10/26/2010
Decision Date:	10/23/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/20/2014

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 Orthopaedic 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:

This 58-year-old female bank administrator and trust official sustained an industrial injury on 10/26/10 relative to continual trauma. Past surgical history was positive for a left carpal tunnel release and right trigger finger release on 9/20/13. The 7/21/14 AME report indicated that a bilateral upper extremity electromyography/nerve conduction velocity (EMG/NCV) was performed with some mild changes of denervation and re-innervation noted in the ulnar territory. The nerve conduction study was normal. There were findings consistent with possible left sided cervical radiculopathy at C5/6 and, to a lesser degree, C6/7. The 7/30/14 treating physician report cited continued numbness and tingling of the right upper extremity with weakness and limited range of motion, and neck pain with muscle tightness. Physical exam documented 4+/5 strength, positive weakness, positive Tinel's and positive burning sensation. Cervical spine exam documented a positive Spurling's test. The diagnosis was bilateral carpal tunnel syndrome and cubital tunnel syndrome. The treatment plan recommended bilateral occupational therapy 12 visits, updated EMG/NCV to evaluate for carpal tunnel and cubital tunnel syndrome, cervical MRI and cervical spine consult. The 8/7/14 utilization review denied the request for occupational therapy as there was no documentation that the patient had had significant functional improvements with therapy already attended. The request for right cubital tunnel release was denied as there was no documentation noting failure of guidelines-recommended conservative treatment. The requests for repeat bilateral upper extremity EMG/NCV were denied as there was no documentation of any red flags or changes in the patient's status since the previous right upper extremity study and no documentation that the patient had left upper extremity symptoms to warrant this study. The request for cervical MRI was denied as there was no documentation of conservative treatment attempt or failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy (OT) times 12 for bilateral wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 9, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, Physical therapy

Decision rationale: The California MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. The Official Disability Guidelines provide specific recommendations for physical therapy in carpal tunnel syndrome and support 1 to 3 visits. Guideline criteria have not been met. There is no current functional deficit identified to be addressed by supervised occupational therapy. This patient has had previous episodes of occupational therapy for carpal tunnel syndrome and should be fully versed in a home exercise program. There is no compelling reason to support the medical necessity of supervised occupational therapy over a continued independent home exercise program. Therefore, this request is not medically necessary.

Right Cubital Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-37.

Decision rationale: The California MTUS guidelines state that surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. A decision to operate requires significant loss of function as reflected in significant activity limitations due to the nerve entrapment and that the patient has failed conservative care, including full compliance in therapy, use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, workstation changes (if applicable), and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. Absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. Guideline criteria have not been met. The most recent EMG/NCV findings documented mild changes of denervation and re-innervation noted in the ulnar territory. The nerve conduction study was normal. Evidence of 3 to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, with full guideline-recommended treatment, and failure has not been

submitted. There is no current pain or functional assessment. Therefore, this request is not medically necessary.

Electromyography (EMG) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 59, 33.

Decision rationale: The California MTUS guidelines generally support the use of nerve conduction studies in the diagnosis of carpal tunnel and cubital tunnel syndrome. Records indicate that this patient underwent electrodiagnostic testing of the right upper extremity on 4/14/14 and of the bilateral upper extremities on 7/21/14. There is no compelling reason to support the medical necessity of repeat nerve conduction study at this time. There are no clinical exam findings suggestive of a red flag or significant change in condition. Therefore, this request is not medically necessary.

Nerve conduction velocity (NCV) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 33, 59.

Decision rationale: The California MTUS guidelines generally support the use of nerve conduction studies in the diagnosis of carpal tunnel and cubital tunnel syndrome. Records indicate that this patient underwent electrodiagnostic testing of the right upper extremity on 4/14/14 and of the bilateral upper extremities on 7/21/14. There is no compelling reason to support the medical necessity of repeat nerve conduction study at this time. There are no clinical exam findings suggestive of a red flag or significant change in condition. Therefore, this request is not medically necessary.

MRI of the cervical spine to rule out cervical pathology: 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): 177-178.

Decision rationale: The California MTUS guidelines provide criteria for ordering cervical spine MRIs that includes emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure. Reliance only on imaging studies to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results) because it is possible to identify a finding that was present before symptoms began

and, therefore, has no temporal association with the symptoms. Guideline criteria have not been met. There is no physiologic evidence of tissue insult or neurologic dysfunction documented on the clinical exam. Subjective complaints included neck pain and muscle tightness. There was no documentation suggestive of a cervical nerve root compression or radiculopathy. Evidence of recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.