

Case Number:	CM14-0146560		
Date Assigned:	09/12/2014	Date of Injury:	06/04/2013
Decision Date:	11/17/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/09/2014

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 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:

The claimant is a 45-year-old female who injured her upper extremities on 06/04/13 as a result of repetitive work. The medical records provided for review included the 08/15/14 progress report noting continued complaints of pain, primarily to the left wrist, worse with keyboarding activities. The report documented that acupuncture, physical therapy and medication management failed to alleviate her symptoms. The claimant has also had epidural steroid injections of the cervical spine. Objective findings on examination showed tenderness over the right ulnar nerve with positive cubital tunnel subluxation, a positive elbow flexion test, positive Tinel's and Phalen's testing with slight tenderness over the left thenar eminence at the wrist. The diagnosis was right carpal and cubital tunnel syndrome. Surgical recommendation was made for carpal tunnel release and cubital tunnel release with transposition of the ulnar nerve. The report of electrodiagnostic studies of the upper extremities dated 11/15/13 were noted to be normal with no evidence of carpal or cubital tunnel findings of the left or right upper extremity noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right neuroplasty & transposition ulnar nerve: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 240.

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

Decision rationale: California ACOEM Guidelines do not support the request for ulnar nerve neuroplasty or transposition. The ACOEM Guidelines for cubital tunnel surgery recommend clinical correlation between physical examination findings and electrodiagnostic testing. In this case, the electrodiagnostic testing is negative, and therefore, does not support the diagnosis of ulnar nerve compression. The requested surgical process would not be supported. Therefore, the request is not medically necessary.

Neurolysis ulnar nerve right arm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 240.

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

Decision rationale: California ACOEM Guidelines also do not support the request for an ulnar nerve neurolysis in the arm. As stated above, this individual's electrodiagnostic testing is negative for ulnar nerve impingement which, in and of itself, would fail to support the role of any form of ulnar nerve release or neurolysis procedure. Therefore, the request is not medically necessary.

Neurolysis ulnar nerve right forearm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 240.

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

Decision rationale: California ACOEM Guidelines also do not support the request for an ulnar nerve neurolysis in the forearm. As stated above, this individual's electrodiagnostic testing is negative for ulnar nerve impingement which, in and of itself, would fail to support the role of any form of ulnar nerve release or neurolysis procedure. Therefore, the request is not medically necessary.

Muscle flap upper extremity: Upheld

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

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

Decision rationale: California ACOEM Guidelines would not support a "muscle flap." This specific request would be in direct relationship to the claimant's cubital tunnel release and transposition. The proposed surgery is not recommended as medically necessary. Therefore, the request for muscle flap is also not medically necessary.

Neuroplasty median nerve carpal tunnel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation Guidelines, Web 2009, Carpal Tunnel Syndrome (Acute & Chronic), Updated 1/20/14

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270.

Decision rationale: California ACOEM Guidelines would not support a neuroplasty of the median nerve with a carpal tunnel. In regards to carpal tunnel release, ACOEM Guidelines recommend the need to establish a diagnosis based on positive electrodiagnostic studies and examination findings. While the claimant has positive examination findings, the report of the electrodiagnostic testing of the upper extremity is negative. Without electrodiagnostic evidence of carpal tunnel syndrome, this surgical request would not be supported.

Wrist flexor tenosynovectomy: Upheld

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

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

Decision rationale: California ACOEM Guidelines would not support a flexor tenosynovectomy. The claimant's clinical picture is inconsistent with dorsal extensor compartment inflammation and there is no documentation of acute clinical findings or indication of previous conservative treatment including injections. The role of the above procedure would not be indicated. Therefore, the request would not be medically necessary.

Application long arm splint: 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.

Pre-operative History & Physical: 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.

Post-operative cold therapy unit with supplies (30 day rental): 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.

Continuous passive motion device for finger movement (rental) #30: 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.

Keflex 500mg #30: 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.

Norco 10/325 #180: 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.

Zofran 4mg #60: 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.

12 Post-operative occupational therapy visits: 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.

Injection anesthetic peripheral nerve branch: 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.