MAXIMUS Federal Services

Case Number:	CM14-0151637		
Date Assigned:	09/19/2014	Date of Injury:	03/04/2013
Decision Date:	10/20/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/17/2014

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 51-year-old female who sustained an injury to the left upper extremity on 03/04/13. The clinical records provided for review documented that the claimant is currently being treated for carpal tunnel syndrome, chronic neck pain, cervical radiculitis, and cubital tunnel syndrome. The report of the follow up visit on 08/08/14 noted complaints of numbness and tingling involving all five digits of the hand despite conservative treatment with oral medication, splinting, and work restrictions. Physical examination showed shortness of breath on exertion with subjective numbness, but no formal neurologic findings documented. The report of electrodiagnostic studies dated 05/24/13 of the upper extremities was interpreted as normal. There was no evidence to support the diagnosis of compressive carpal or cubital tunnel syndrome. At the follow up visit on 08/18/14 the treating provider documented that the repeat electrodiagnostic studies on 05/24/14 showed bilateral carpal tunnel syndrome; the formal report from that study was not provided for review. The medical records did not document any other forms of conservative care. This review is for left carpal tunnel and cubital tunnel surgery as well as twelve sessions of postoperative physical therapy and preoperative testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indication for Surgery-Carpal Tunnel Surgery

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Forearm, Wrist and Hand; Chapter 11, page 265, 270.

Decision rationale: Based on California ACOEM Guidelines, the request for left carpal tunnel release is not recommended as medically necessary. The medical records provided for review do not include the formal report of the repeat electrodiagnostic studies on 05/24/14 to confirm the presence of carpal tunnel syndrome. The medical records for this review include the 2013 electrodiagnostic studies that are noted to be normal. ACOEM Guidelines recommend clear clinical correlation between physical examination findings and electrodiagnostic studies before proceeding with operative intervention. Without confirmation of the formal electrodiagnostic studies in May 2014 showing carpal tunnel diagnosis, the request in this case would not be indicated.

1 left ulnar nerve decompression: 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 an ulnar nerve decompression. The ACOEM Guidelines would support the role of surgery if there is clear correlation between physical examination findings and electrodiagnostic studies supporting the diagnosis of ulnar nerve entrapment. This reviewer had the previous electrodiagnostic studies from 2013 for review that were negative. Treating physician indicates that recent May 2014 studies showed bilateral carpal tunnel syndrome but no formal documentation of cubital tunnel diagnosis. There is also no formal documentation of specific conservative treatment that has been utilized for the claimant's diagnosis of ulnar nerve entrapment over the past several months. Without correlation between examination findings and electrodiagnostic studies to firmly establish the diagnosis, the request for operative intervention in this case would not be supported.

Associated surgical service: twelve post-operative physical therapy visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: 1 lab: CBC/BMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI) Preoperative Evaluation, Bood Test, Bloomington (MN)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: electrocardiogram (EKG) Chest X-Ray: 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 ACOEM Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.