

Case Number:	CM14-0153459		
Date Assigned:	09/23/2014	Date of Injury:	03/01/1996
Decision Date:	10/24/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/19/2014

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 48-year-old female who sustained injuries to her upper extremities as a result of cumulative trauma on 03/01/96. The medical records provided specific to the claimant's left upper extremity documented that the claimant had a prior cubital tunnel release procedure in 2010. The 08/08/14 follow up assessment described continued left upper extremity discomfort with numbness and tingling to the small and ring fingers and occasionally to the index and middle fingers. Physical examination showed positive Tinel's testing at the elbow as well as Tinel's testing in the median nerve distribution at the wrist. The report of the electrodiagnostic study included in the records was from 2009 and was noted to be normal but predated the claimant's prior left cubital tunnel release procedure. There is no documentation of any further electrodiagnostic studies or recent testing. The report stated that recent treatment has included corticosteroid injections, splinting, medication management, work restrictions and activity modification. There is a request for a revision cubital tunnel release with submuscular transposition at the left elbow, as well as left wrist carpal tunnel release in addition to twelve postoperative sessions of physical therapy and the perioperative use of an assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery open revision cubital tunnel release with submuscular transposition of the ulnar nerve and z lengthening of the flexor pronator mass, left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Cubital Tunnel Release and Integrated Treatment/Disability Duration Guidelines, Elbow (Acute and Chronic), updated 5/7/13 Surgery for Cubital Tunnel Syndrome (Ulnar Nerve Entrapment)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: elbow procedure - Surgery for cubital tunnel syndrome (ulnar nerve entrapment)

Decision rationale: Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the proposed open revision cubital tunnel release with submuscular transposition of the ulnar nerve and z lengthening of the flexor pronator mass for the left elbow is not recommended as medically necessary. While the documentation indicates the claimant has continued complaints of pain there is no documentation of postoperative electrodiagnostic studies since the time claimant's 2010 cubital tunnel release surgery. Without documentation of positive electrodiagnostic studies correlating with examination findings or indication of subluxation of the ulnar nerve on examination, there would be no indication for a transposition procedure at this time.

Surgery endoscopic versus open carpal tunnel release, left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Cubital Tunnel Release and Integrated Treatment/Disability Duration Guidelines, Elbow (Acute and Chronic), updated 5/7/13 Surgery for Cubital Tunnel Syndrome (Ulnar Nerve Entrapment)

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

Decision rationale: Based on California ACOEM Guidelines, the request for carpal tunnel release surgery would not be indicated. While this individual is noted to have positive examination findings, there is no documentation of electrodiagnostic studies supporting the need for a carpal tunnel release. Available for review is the claimant's prior electrodiagnostic studies of 2009 that were negative. Based on the above, the acute need of a carpal tunnel release procedure in this setting would not be supported.

Twelve (12) post-op physical therapy sessions, left elbow, left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Cubital Tunnel Release and Integrated Treatment/Disability Duration Guidelines, Elbow (Acute and Chronic), updated 5/7/13 Surgery for Cubital Tunnel Syndrome (Ulnar Nerve Entrapment)

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The proposed surgeries are not recommended as medically necessary. Therefore, the request for postoperative physical therapy is also not medically necessary.

Surgical assistant, left elbow, left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Cubital Tunnel Release and Integrated Treatment/Disability Duration Guidelines, Elbow (Acute and Chronic), updated 5/7/13 Surgery for Cubital Tunnel Syndrome (Ulnar Nerve Entrapment)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 17th edition: assistant surgeon

Decision rationale: The proposed surgeries are not recommended as medically necessary. Therefore, the request for an assistant surgeon is also not medically necessary.