

Case Number:	CM14-0154247		
Date Assigned:	09/24/2014	Date of Injury:	09/04/2012
Decision Date:	10/24/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/22/2014

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 New York. 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 patient describes bilateral wrist pain and weakness in the left hand. The patient has pain in the left small finger. There is numbness in both little and ring fingers. The patient has been diagnosed with lateral epicondylitis right ulnar neuropathy right median carpal tunnel syndrome right ulnar neuropathy, left lateral epicondylitis left ulnar neuropathy left carpal, condition and left ulnar neuropathy. The patient is a 45-year-old right-hand-dominant female. She has a date of injury of September 4, 2012. The patient had physical therapy for 6 consecutive sessions for the bilateral hands and wrists. The patient stated that physical therapy did not help her symptoms. Electrodiagnostic studies show mild bilateral carpal tunnel syndrome. EMG she is as active chronic C6 and C7 radiculopathy. The patient has had additional nerve conduction studies of the bilateral upper lower extremities that report no presence of a primary sensory or motor demyelinating neuropathy. The patient a normal EMG study. At issue is whether surgical treatment is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subcutaneous transposition ulnar nerve left cubital tunnel, left-lower arm, wrist, left wrist:
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 MTUS elbow and hand chapter, ODG elbow pain chapter

Decision rationale: This patient does not meet establish criteria for surgical decompression in the upper extremities. Specifically there is documentation of a normal neurophysiologic testing in the upper extremities. Given the fact that the patient has a normal neurophysiologic testing, there is no role for surgical decompression in the upper extremities. Also, the medical records do not accurately document to what extent the patient has had conservative modalities. Criteria for nerve decompression surgery the upper extremities not met. The request is not medically necessary.

Neuralysis ulnar nerve left arm, left lower arm, wrist, left wrist: 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 MTUS shoulder elbow hand chapter, ODG shoulder elbow hand chapter

Decision rationale: This patient does not meet establish criteria for surgical decompression in the upper extremities. Specifically there is documentation of a normal neurophysiologic testing in the upper extremities. Given the fact that the patient has a normal neurophysiologic testing, there is no role for surgical decompression in the upper extremities. Also, the medical records do not accurately document to what extent the patient has had conservative modalities. Criteria for nerve decompression surgery the upper extremities not met. The request is not medically necessary.

Neurolysis ulnar left forearm, left lower arm, wrist, left wrist: 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 MTUS shoulder elbow hand chapter

Decision rationale: This patient does not meet establish criteria for surgical decompression in the upper extremities. Specifically there is documentation of a normal neurophysiologic testing in the upper extremities. Given the fact that the patient has a normal neurophysiologic testing, there is no role for surgical decompression in the upper extremities. Also, the medical records do not accurately document to what extent the patient has had conservative modalities. Criteria for nerve decompression surgery the upper extremities not met. The request is not medically necessary.

Soft tissue flap UE to prevent nerve subluxation, left lower arm, wrist, left wrist:

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation MTUS shoulder elbow hand chapter

Decision rationale: This patient does not meet establish criteria for surgical decompression in the upper extremities. Specifically there is documentation of a normal neurophysiologic testing in the upper extremities. Given the fact that the patient has a normal neurophysiologic testing, there is no role for surgical decompression in the upper extremities. Also, the medical records do not accurately document to what extent the patient has had conservative modalities. Criteria for nerve decompression surgery the upper extremities not met. The request is not medically necessary.

Left carpal tunnel release, left lower arm, wrist, left wrist: 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 MTUS shoulder elbow hand chapter

Decision rationale: This patient does not meet establish criteria for surgical decompression in the upper extremities. Specifically there is documentation of a normal neurophysiologic testing in the upper extremities. Given the fact that the patient has a normal neurophysiologic testing, there is no role for surgical decompression in the upper extremities. Also, the medical records do not accurately document to what extent the patient has had conservative modalities. Criteria for nerve decompression surgery the upper extremities not met. The request is not medically necessary.

Left wrist flexor tenosynevectomy, left lower arm, wrist, left wrist: 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 MTUS shoulder elbow hand chapter

Decision rationale: This patient does not meet establish criteria for surgical decompression in the upper extremities. Specifically there is documentation of a normal neurophysiologic testing in the upper extremities. Given the fact that the patient has a normal neurophysiologic testing, there is no role for surgical decompression in the upper extremities. Also, the medical records do not accurately document to what extent the patient has had conservative modalities. Criteria for nerve decompression surgery the upper extremities not met. The request is not medically necessary.

Release ulnar nerve Guyon's carpal without ulnar neurolysis, left lower arm, wrist, left wrist: 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 MTUS shoulder elbow hand chapter

Decision rationale: This patient does not meet establish criteria for surgical decompression in the upper extremities. Specifically there is documentation of a normal neurophysiologic testing in the upper extremities. Given the fact that the patient has a normal neurophysiologic testing, there is no role for surgical decompression in the upper extremities. Also, the medical records do not accurately document to what extent the patient has had conservative modalities. Criteria for nerve decompression surgery the upper extremities not met. The request is not medically necessary.

Injection anesthetic peripheral nerve/br, left wrist: 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 ODG shoulder elbow hand chapter

Decision rationale: This patient does not meet establish criteria for surgical decompression in the upper extremities. Specifically there is documentation of a normal neurophysiologic testing in the upper extremities. Given the fact that the patient has a normal neurophysiologic testing, there is no role for surgical decompression in the upper extremities. Also, the medical records do not accurately document to what extent the patient has had conservative modalities. Criteria for nerve decompression surgery the upper extremities not met. The request is not medically necessary.

Long arm splint, Wrist, left-wrist: 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 ODG shoulder elbow hand chapter

Decision rationale: This patient does not meet establish criteria for surgical decompression in the upper extremities. Specifically there is documentation of a normal neurophysiologic testing in the upper extremities. Given the fact that the patient has a normal neurophysiologic testing, there is no role for surgical decompression in the upper extremities. Also, the medical records do

not accurately document to what extent the patient has had conservative modalities. Criteria for nerve decompression surgery the upper extremities not met. The request is not medically necessary.