

<b>Case Number:</b>	CM14-0168193		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Plastic and Reconstructive Surgery, has a subspecialty in Hand Surgery and is licensed to practice in North Carolina. 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 is a 34 year old male with a reported date of injury on 10/13/11 who requested certification for left carpal tunnel, cubital tunnel and medial epicondylar release, as well as pain management consultation for possible cervical epidural steroid injection. Progress report dated 8/20/14 notes that the patient is diagnosed with double crush syndrome. His cervical spine symptoms have worsened over the past 6 weeks. There is constant pain in the cervical spine aggravated by motion with radiation of pain to the upper extremities. There is frequent pain in the elbows and bilateral wrists aggravated by motion and unchanged. On examination, there is palpable muscle tenderness with spasm. A positive axial loading compression test is noted. Spurling's maneuver is positive. Range of motion is limited with pain. There is tingling and numbness consistent with a C6 and C7 dermatomal pattern. There is 4- strength in the wrist extensors and flexors, triceps and biceps, C6 and C7 innervated muscles. Examination of the elbows notes tenderness, positive Tinel's sign over the cubital tunnel and diminished sensation in the ulnar digits. Examination of the wrists and hands notes positive palmar compression test with subsequent Phalen's maneuver. Tinel's sign is positive over the carpal canal with the left side greater than the right. There is diminished sensation over the radial digits. The patient is diagnosed with cervical discopathy, cervicalgia and carpal/cubital double crush syndrome. Recommendation is made for cervical epidural injections. He has significant cervicalgia which is directly related to his cervical disc disease. A recommendation is made for pain management consult to accomplish this. With respect to the left upper extremity, the patient is a candidate for left cubital tunnel and carpal tunnel release as he has chronic symptoms and has lack of improvement from conservative measures. A request was made for left carpal tunnel, cubital tunnel and medial epicondylar release. Work-site activity restrictions were recommended for the neck pain. Progress note from Integrative Medical clinic documented 8/12/14 notes the patient is

seen for cervical spine, lumbar spine and left elbow pain. Patient reports radiating numbness to the bilateral upper extremities, numbness to the left 4th and 5th digits and weakness of the left hand that causes him to drop items. His current medications include Naproxen, Flexeril and Tramadol. Progress report dated 7/16/14 notes that the patient with neck pain that radiates to the upper extremities that is worsening. On examination, there is palpable muscle tenderness with spasm. A positive axial loading compression test is noted. Spurling's maneuver is positive. Range of motion is limited with pain. Sensation and strength are normal. Examination of the elbow notes tenderness and positive Tinel's over the cubital tunnel. There is diminished sensation in the ulnar digits. Medication refills are requested. Heating pads and muscle stimulator were requested. Agreed medical examination dated 7/15/14 notes electrodiagnostic studies performed on 6/27/14 document no evidence of cubital tunnel syndrome, no evidence of a specific entrapment neuropathy and no acute or chronic denervating changes of the bilateral upper extremities and related cervical paraspinal muscles. The patient reports no physical therapy of the back and neck since June 2012. Diagnoses include apparent early left cubital tunnel syndrome without electrodiagnostic evidence of ulnar neuropathy, neck pain without overt arthritic changes on plain X-rays, and previous electrodiagnostic studies from 10/3/13 noting left cubital and carpal tunnel syndrome. The left carpal tunnel syndrome is not clinically correlative. Recommendation is made for referral to a hand specialist for treatment of the left wrist and elbow. Treatment could include elbow and wrist bracing and possible steroid injection to the wrist. Regarding the cervical spine, "I see no compelling reason for any specific treatment at this time." All that would be required would be a home-based exercise program. Electrodiagnostic report from 6/27/14 notes no evidence of cubital tunnel syndrome, no evidence of a specific entrapment neuropathy and no acute or chronic denervating changes of the bilateral upper extremities and related cervical paraspinal muscles. Progress report from 6/25/14 notes cervical spine pain that radiates to the upper extremities. The pain is unchanged. The patient complains of pain in the bilateral elbows and wrists which is aggravated with motion and is unchanged. On examination of the neck, there is palpable muscle tenderness with spasm. A positive axial loading compression test is noted. Spurling's maneuver is positive. Range of motion is limited with pain. Generalized weakness and numbness is noted. Examination of the elbows notes tenderness and positive Tinel's over the cubital tunnel. There is diminished sensation in the ulnar digits. Examination of the hands/wrists notes tender wrists with a positive palmar compression test with subsequent Phalen's maneuver. Tinel's sign is positive over the carpal canal with the left side greater than the right. There is diminished sensation over the radial digits. The patient is awaiting authorization for DME (elbow sleeve), acupuncture, and cubital tunnel/carpal tunnel release on the left. RFA dated 6/9/14 notes request for Naproxen, Orphenadrine, Tramadol and Terocin patch. RFA dated 5/21/14 notes a request for pain management consultation regarding possible lumbar epidural steroid injection and cervical epidural steroid injection. Agreed medical examination dated 4/24/14 notes a previous cortisone injection of the left elbow which provided temporary relief. Previous MRI of the c-spine on 3/14/12 noted C5-6, C6-C7 1 mm disc bulge without foraminal stenosis. Diagnoses include an apparent left cubital tunnel syndrome, neck pain without overt arthritic changes on plain X-rays, and previous electrodiagnostic studies from 10/3/13 noting left cubital and carpal tunnel syndrome. The left carpal tunnel syndrome is not clinically correlative. Recommendation is made for repeat electrodiagnostic studies as current clinical examination was not consistent with previous electrodiagnostic findings. There may be a need for left cubital tunnel surgery. Regarding the cervical spine, "I see no compelling reason for any specific treatment at this time." Utilization review dated 9/16/14 did not certify the

procedures of left cubital/carpal tunnel release with concurrent medial epicondylar release and referral to pain management for consult regarding possible cervical epidural steroid injection. Reasoning given was that there is insufficient documentation of conservative management for cubital tunnel and carpal tunnel syndromes. In addition, "none of the required symptoms were present in the documentation, nor did the physicians reported above find clinical evidence of carpal tunnel syndrome." With respect to medial epicondylar release, "it appears that the patient has not completed 3 to 4 of the recommended conservative treatments for longer than 6 months." With respect to pain management, "the patient does not meet the criteria for a cervical epidural steroid injection. Electrodiagnostic testing results were not indicative of cervical radiculopathy and the documentation suggests that no physical therapy has been performed for the cervical spine since 2012."

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Referral To Pain Management For Consult (Only) Re: Possible CESI: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation The State of Colorado Department of Labor and Employment Chronic Pain Disorder Medical Treatment Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**Decision rationale:** The patient is a 34 year old male who has chronic neck pain that is documented to have increased in the most recent evaluations. Previous electrodiagnostic studies did not confirm electrodiagnostic evidence of a cervical radiculopathy. Previous AME did not recommend any specific treatment of the neck, other than a home exercise program. Previous medical management had been documented, including Flexeril, Tramadol and an NSAID. However, it is not clear with the most recent acute exacerbation of the neck pain, whether changes in the medical management had been performed. The patient has not been documented to have undergone recent conservative management consisting of a home exercise program, physical therapy and/or other exercises. Based on the MTUS Chronic Pain Management Guidelines, cervical spine epidural steroid injections would not be medically necessary as the patient does not have confirmatory evidence of a cervical radiculopathy and failure of appropriate conservative management including a home-exercise program and physical methods/physical therapy. As an acute exacerbation of neck pain, as outlined in Chapter 8, prescribed pharmaceuticals or physical methods can be added, which has not been adequately documented in the most recent evaluation. Corticosteroid injections have no proven benefit in treating acute neck symptoms. It may be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. There is insufficient documentation that the patient has surgically relevant nerve root compromise, as conservative management for these recent acute findings has not been adequately documented. This is consistent with the AME

findings. Thus, referral to pain management for cervical epidural steroid injection is not considered medically necessary.

**1 Left Cubital/Carpal Tunnel Release with Concurrent Medial Epicondylar Release:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-38, 270.

**Decision rationale:** The patient is a 34 year old male with signs and symptoms of possible left cubital tunnel syndrome and possible left carpal tunnel syndrome. Based on the ACOEM Practice Guidelines, the patient is not adequately documented to have failed conservative management. The patient has not been documented to have undergone recent therapy. The patient has not been documented to have used elbow pads, changed his activity to remove opportunities to rest the elbow on the ulnar groove or to prevent prolonged elbow flexion while sleeping. The patient is not noted to have severe neuropathy such as muscle wasting and a time period of 3-6 months of conservative care has not been attempted prior to surgical recommendation. The most recent electrodiagnostic studies do not support the clinical diagnosis as well. Thus, ulnar nerve release at the elbow and medial epicondyle release should not be considered medically necessary at this point for this patient. With respect to carpal tunnel surgery, from ACOEM, page 270, Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare. Positive EDS in asymptomatic individuals is not CTS. Studies have not shown portable nerve conduction devices to be effective diagnostic tools. Surgery will not relieve any symptoms from cervical radiculopathy (double crush syndrome). Based on these guidelines, a diagnosis of carpal tunnel syndrome that would require surgical treatment has not been supported by positive electrodiagnostic studies. In addition, the patient has not been adequately documented to have undergone appropriate conservative measures including splinting. Thus, carpal tunnel release should is not considered medically necessary.

**Wrist Sling:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**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 Medication:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**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 Physical Therapy Sessions for Left Wrist/Elbow, with Re-Evaluation for Possible Continued Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**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.

**Medical Clearance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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.