

<b>Case Number:</b>	CM14-0022471		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	01/18/2012
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 General Surgery and is licensed to practice in Texas. 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 injured worker is a 42 year old male who reported an injury to his bilateral forearms. The utilization review dated 02/10/14 resulted in a denial for a left ulnar nerve release at the elbow along with preoperative medical clearance and 8-12 postoperative occupational hand therapy sessions and an injection at the CMC joint as inconsistent information had been submitted regarding the injured worker's subjective and objective clinical findings. The clinical note dated 02/05/14 indicates the injured worker complaining of pain in both thumbs. Range of motion limitations were identified with extension on the left. The agreed medical evaluation dated 10/21/13 indicates the injured worker having complaints of multiple orthopedic injuries. The operative report dated 10/17/13 indicates the injured worker undergoing a trigger finger release on the right. The clinical note dated 09/18/13 indicates the injured worker having complaints of cumulative trauma injury to the bilateral upper extremities. The injured worker reported repetitive movements to include typing and writing. Upon exam, tenderness was identified upon palpation at the thumb CMC joint with a positive grinding maneuver. Diminished sensation was identified at the lateral elbow. Tenderness was identified upon palpation at the ring and small finger A1 pulleys.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A LEFT ULNAR NERVE RELEASE AT THE ELBOW:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-604.

**Decision rationale:** The request for a left ulnar nerve release at the elbow is non-certified. The documentation indicates the injured worker complaining of left upper extremity pain. There is an indication the injured worker is complaining of a loss of sensation at the lateral left elbow. An ulnar nerve release would be indicated provided the injured worker meets specific criteria to include completion of all conservative treatments. No information was submitted regarding the injured worker's completion of a 3 month trial of the use of a splint. No information was submitted regarding the injured worker's exercises to include strengthening of the elbow flexors and extensors as well as activity modifications. Given these factors, this request is not indicated as medically necessary.

**EIGHT TO TWELVE POSTOPERATIVE OCCUPATIONAL HAND THERAPY SESSIONS:** 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:** Given the non-certification of the proposed surgery, the additional request for postoperative therapy is rendered non-certified.

**ONE INJECTION TO THE BILATERAL THUMBS CARPOMETACARPAL JOINT (CMCJ) WITH ULTRASOUND GUIDANCE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter, Injections.

**Decision rationale:** There is an indication the injured worker is complaining of bilateral thumb pain. However, no information was submitted regarding the need for an injection at the thumb in order to address the functional deficits. Therefore, this request is not indicated as medically necessary.

**ONE LEFT RING AND SMALL FINGER TRIGGER INJECTIONS WITH ULTRASOUND GUIDANCE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter, Injections.

**Decision rationale:** A trigger finger injection would be indicated provided the injured worker meets specific criteria to include significant triggering at the affected fingers. No information was submitted regarding the injured worker's significant triggering at the left ring or small fingers. Therefore, this request is not indicated as medically necessary.

**ONE PERMANENT AND STATIONARY EVALUATION:** 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) IME and Consultations, Page 503.

**Decision rationale:** There is an indication in the submitted documentation regarding the injured worker's ongoing gastrointestinal complaints. Additionally, there is an indication the injured worker is complaining of bilateral upper extremity pain. However, no significant objective data was submitted confirming the injured worker's functional deficits that would result in the injured worker being permanent and/or stationary. Therefore, the need for an evaluation in order for the injured worker to reach MMI has not been established.

**A PREOPERATIVE MEDICAL CLEARANCE WITH INTERNIST (INCLUDING CXR, EKG AND LABS):** 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:** Given the non-certification of the proposed surgery, the additional request for preoperative testing is rendered non-certified.