MAXIMUS Federal Services

Case Number:	CM14-0030137		
Date Assigned:	06/20/2014	Date of Injury:	09/25/2013
Decision Date:	07/18/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 54-year-old female with a date of injury of 09/25/2013. The listed diagnosis is carpal tunnel syndrome. According to progress report 01/24/2014 by [redacted], the patient presents with worsening of pain in the ulnar aspect of both wrists. Examination of the bilateral wrist revealed tenderness to palpation over the medial epicondyle and sensory testing of the upper extremity revealing a deficit to ulnar nerve pattern bilaterally. He recommends referral to a hand surgeon for further evaluation. On 02/03/2014, the patient was examined by hand surgeon [redacted] who recommended surgical intervention. [redacted] noted numbness and tingling in the bilateral hands with ulnar nerve distribution with subsequent weakness and loss of dexterity. Examination revealed bilateral 1st dorsal interosseous muscle atrophies, slight Wartenberg sign and positive Froment test. Otherwise, patient was able to make fist, fully extend fingers, no locking or triggering and negative Tinels. [redacted] recommend Left ulnar neuroplasty at the elbow and post op physical therapy 12 sessions. The utilization review deemed the request not medically necessary on 02/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left elbow ulnar nerve neuroplasty: Overturned

Claims Administrator guideline: Decision based on MTUS American College of Occupational and Environmental Medicine (ACOEM), Elbow Disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines page 240.

Decision rationale: This patient presents with continued bilateral wrist pain and carpal tunnel syndrome. The patient was seen by hand surgeon [redacted] on 02/03/2014, in which he recommended surgical intervention and postop physical therapy. Utilization review from 12/19/2014 denied the request for surgery stating "there is no documentation of a NCV test report." Report 02/03/2014 discusses a nerve conduction test from 12/10/2013 which reported bilateral moderate ulnar neuropathy. ACOEM guidelines page 240 states the following regarding ulnar neuropathy surgery: "Surgery for ulnar nerve entrapment is indicated after establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings." ODG further states, ALL of the following initial treatment are required before surgery is considered: strength exercises, activity modification, NSAID and pad/night splinting for a trial period of 3 months. In this case, review of reports indicates the patient has participated in strength exercises, tried NSAIDs. In addition, the patient has a positive NCV and significant findings on exam. The request is deemed medically necessary.

Post -op physical therapy X 12: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ELBOW & UPPER ARM POST-SURGICAL Page(s): 15-17.

Decision rationale: This patient presents with continued bilateral wrist pain and carpal tunnel syndrome. The patient was seen by hand surgeon [redacted] on 02/03/2014, in which he recommended surgical intervention and postop physical therapy. For Ulnar Nerve Entrapment/Cubital tunnel syndrome, MTUS post surgical physical medicine guidelines allows for 20 visits over 10 weeks. Given the requested surgery has been recommended, the post operative therapy is indicated as well. The request is medically necessary.