

Case Number:	CM14-0049759		
Date Assigned:	07/07/2014	Date of Injury:	11/13/2009
Decision Date:	08/06/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/17/2014

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 injured worker is a 60-year-old male who reported an injury on 11/13/2009. The mechanism of injury was not provided for review. The injured worker ultimately developed symptoms in the bilateral extremities. The injured worker underwent an electrodiagnostic study on 11/07/2013 that documented there was chronic bilateral carpal tunnel syndrome, chronic bilateral cubital tunnel syndrome, possible left-sided Guyon's canal entrapment, and active cervical radiculopathy. The injured worker underwent an MRI of the left elbow that documented there was no evidence of internal derangement; however, a posttraumatic neuroma was identified and scarring of the cubital tunnel at the location of the ulnar nerve was also identified. The injured worker was evaluated on 03/10/2014. It was documented that injured worker had persistent left elbow pain and bilateral wrist and hand pain. The injured worker's diagnoses included bilateral carpal tunnel syndrome and status post left elbow ulnar nerve decompression in 1976. The injured worker's treatment history included cubital and carpal tunnel night splinting, anti-inflammatory medications, and occupational therapy. An evaluation of the left elbow documented range of motion described as 0 to 150 degrees in a flexion/extension arc with 5/5 motor strength and a positive Tinel's over the cubital tunnel with a cubital tunnel hyper flexion test causing numbness in the left index and middle fingers. An evaluation of the hands and wrists documented intrinsic atrophy of the left hand along the first dorsal web space and hypothenar atrophy. The injured worker had positive Tinel's signs bilaterally of the carpal tunnel. It was noted that the injured worker had ongoing symptoms for approximately 6 years that were becoming progressively worse and would benefit from left Guyon's canal release and left carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Elbow Ulnar Decompression: Overturned

Claims Administrator 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), Ulnar Nerve Entrapment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

Decision rationale: The American College of Occupational and Environmental Medicine recommend surgical intervention for the elbow when there are physical findings consistent with an electrodiagnostic study or MRI that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the patient has findings consistent with ulnar nerve entrapment at the left elbow supported by an imaging study and an electrodiagnostic study that has failed to respond to multiple conservative treatments. Therefore, surgical intervention would be indicated at this time. As such, the requested left elbow ulnar nerve decompression is medically necessary.

Left CTR(carpal tunnel release): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery- Carpal Tunnel Release.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The American College of Occupational and Environmental Medicine recommend surgical intervention for the elbow when there are physical findings consistent with an electrodiagnostic study or MRI that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the patient has findings consistent with ulnar nerve entrapment at the left elbow supported by an imaging study and an electrodiagnostic study that has failed to respond to multiple conservative treatments. Therefore, surgical intervention would be indicated at this time. As such, the requested left elbow ulnar nerve decompression is medically necessary.

Left Guyon's Canal Release: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hegmann KT, editor(s) Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011.p. 1-188, Ulnar Nerve Entrapment at the Wrist (including Guyon's Canal Syndrome and Hypothenar Hammer Syndrome).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The American College of Occupational and Environmental Medicine recommend surgical intervention for the forearm, wrist, and hand when there are physical examination findings consistent with an electrodiagnostic study and/or imaging study that have failed to respond to conservative treatments. The clinical documentation submitted for review does indicate that the injured worker has progressive persistent symptoms that have failed to respond to conservative treatment of ulnar nerve entrapment of the wrist. Additionally, the patient's electrodiagnostic studies do support this diagnosis. As such, the requested left Guyon's canal release is medically necessary.

Pre-operative Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-operative Testing (general).

Decision rationale: The California Medical Treatment Utilization Schedule does not address this type of request. Official Disability Guidelines recommend preoperative medical clearance for patients who have complicated diagnoses that put the patient at risk for intraoperative or postoperative complications. The clinical documentation submitted for review does not provide and evidence that the patient has any complicating risk factors to support the need for preoperative medical clearance for this ambulatory surgical intervention. As such, the requested preoperative medical clearance is not medically necessary.

6 Post-operative occupational therapy visits: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16-17.

Decision rationale: The California Medical Treatment Utilization Schedule recommends 3 to 8 visits of postsurgical physical therapy for carpal tunnel syndrome. However, California Medical Treatment Utilization Schedule recommends up to 20 visits for ulnar nerve entrapment. The clinical documentation submitted for review does support that the patient is a candidate for carpal tunnel release and ulnar nerve entrapment surgery. Therefore, up to 20 physical therapy visits would be indicated in the postsurgical treatment of this patient. Therefore, the requested 6

postoperative occupational therapy would fall within these guideline recommendations. As such, the requested 6 postoperative occupational therapy is medically necessary.