

Case Number:	CM14-0084920		
Date Assigned:	07/23/2014	Date of Injury:	11/01/2010
Decision Date:	08/27/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/06/2014

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 Orthopaedic Surgery, and is licensed to practice 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:

This 52-year-old female Dental Assistant sustained an industrial injury on 11/1/10, due to repetitive motion. The patient is status post three surgeries for right ulnar neuropathy. Most recently, she underwent revision right ulnar neurolysis and anterior transposition, right lateral epicondylar fasciotomy and ostectomy on 10/11/13 with some relief. The 2/14/13 electrodiagnostic revealed mild median neuropathy at the carpal tunnel bilaterally. There was mild chronic ulnar neuropathy, right greater than the left. This appeared to localize more distally at the wrist and the examiner was unable to document specific slowing across the cubital tunnel. Chronic innervation changes appeared to be residual from previous ulnar neuropathy likely more proximal at the cubital tunnel. The 2/26/14 AME report numbness in the entire left hand with functional difficulty in holding things or working on the computer. Provocative and sensory testing was not documented. The 5/19/14 orthopedic progress report cited increasing numbness, tingling, and cramping in the left upper extremity. Left elbow exam findings documented full range of motion, positive Tinel's and elbow flexion test with reproduction of ulnar nerve symptoms. There was very positive carpal tunnel provocative testing, including Tinel's and Phalen's. The diagnosis was worsening left cubital tunnel and carpal tunnel syndrome. The 5/30/14 utilization review denied the request for left ulnar nerve release and carpal tunnel release and associated post-operative requests based on limited conservative treatment and non-specific subjective complaints relative to median or ulnar distribution, or both.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Ulnar Nerve Release, Possible Transposition: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-606. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Elbow Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-37.

Decision rationale: The California MTUS guidelines state that surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. A decision to operate requires significant loss of function, as reflected in significant activity limitations due to the nerve entrapment and that the patient has failed conservative care, including full compliance in therapy, use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, workstation changes (if applicable), and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. Absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. Guideline criteria have not been met. There is no detailed documentation that recent guideline-recommended comprehensive conservative treatment directed at the left upper extremity had been tried and failed. There is electrodiagnostic evidence of mild chronic ulnar neuropathy. There is no clear description of the subjective complaints relative to the median and/or ulnar distribution. Therefore, this request for left ulnar nerve release and possible transposition is not medically necessary.

Left Carpal Tunnel Release: Upheld

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

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

Decision rationale: The California MTUS state that surgical consideration is indicated for patients who have red flags of a serious nature, fail to respond to conservative management, including work site modifications, and have clear clinical and special study evidence of a surgical lesion. Guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Guideline criteria have not been met. There is no documentation that left upper extremity comprehensive conservative treatment has been tried and has failed. Therefore, this request for left carpal tunnel release is not medically necessary.

Twelve (12) Physical Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: As the request for left ulnar nerve and carpal tunnel release are not medically necessary, the associated request for twelve physical therapy sessions is also not medically necessary.

Four (4) Postoperative Appointments within Global Period with Fluoroscopy: 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 Official Disability Guidelines (ODG) Elbow, Office visits.

Decision rationale: As the request for left ulnar nerve and Carpal Tunnel Release are not medically necessary, the associated request for four (4) postoperative appointments within global period with fluoroscopy is also not medically necessary.