MAXIMUS Federal Services

Case Number:	CM13-0018936		
Date Assigned:	05/21/2014	Date of Injury:	09/10/1990
Decision Date:	01/14/2015	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/30/2013

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 49 year old female claimant with an industrial injury dated 09/10/90. The patient is status post an anterior spine discectomy and disc replacement at C4-5 and anterior cervical spine discectomy and fusion from C5-7. Electrodiagnostic consultation dated 03/12/13 reveals that there were no electroneurographic indicators of carpal tunnel syndrome or ulnar neuropathy in the bilateral upper extremites or evidence of acute cervical radiculopathy. Exam note 05/29/13 states the patient returns with severe right carpal and cubital tunnel syndrome. The patient also complains of symptomatology in her cervical spine, right shoulder, left elbow, and left wrist. Upon physical exam there was evidence of tenderness surrounding her paravertebral muscles, and upper trapezial muscles with spasm. The patient completed a limited cervical range of motion, and her neurovascular status was continue to be intact. The patietn also had tenderness surrounding the acromioclavicular joint, and she completed a positive Hawkins' and impingement test. The patient did experience pain with the terminal motion in the right shoulder, and completed a positive Tinel's test. The patient demonstrated pain with the terminal flexion in the left wrist with a weak grip. Diagnosis is noted as severe cervical discopathy with right upper extermity radiculitis, right carpal tunnel, right shoulder impingement, rotator cuff tendinitis, and severe right cubital tunnel syndrome. Treatment includes a right carpal tunnel release, physical therapy, and a wrist sling.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE RIGHT CARPAL TUNNEL RELEASE, RIGHT CUBITAL TUNNEL RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270;37. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery- Carpal Tunnel Syndrome (Acute and Chronic); ODG, Elbow

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Surgery for cubital tunnel syndrome

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case there is lack of evidence in the electrodiagnostic testing of 3/12/13 of carpal tunnel syndrome. In addition, there is lack of evidence of failed bracing or injections in the records. CA MTUS/ACOEM is silent on the issue of surgery for cubital tunnel syndrome. According to the ODG, Elbow section, Surgery for cubital tunnel syndrome, indications include exercise, activity modification, medications and elbow pad and or night splint for a 3-month trial period. In this case there is insufficient evidence in the records of cubital tunnel syndrome from 3/12/13 to support cubital tunnel release. Therefore, the request is not medically necessary.

TWELVE POST-OPERATIVE PHYSICAL THERAPY SESSIONS FOR RIGHT WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Surgery for cubital tunnel syndrome

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

ONE WRIST SLING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265; 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Surgery for cubital tunnel syndrome

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

MEDICAL CLEARANCE WITH INTERNIST: 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 ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Surgery for cubital tunnel syndrome

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.