

Case Number:	CM13-0021395		
Date Assigned:	04/25/2014	Date of Injury:	12/01/2012
Decision Date:	10/08/2015	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	09/09/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 48 year old male who sustained an industrial injury on 12-01-2012. Mechanism of injury was cumulative. Diagnoses include bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, bilateral index and middle finger stenosing tenosynovitis and diabetes. Physician progress note dated from 03-13-2013, and a note dated 07-24-2013 documents the injured worker has complaints of pain and numbness in both upper extremities with locking of the middle fingers bilaterally. Tinel's is positive over the cubital tunnel. There is a positive Tinel's, carpal compression and Phalen test over the wrist. He has triggering of the index and middle fingers bilaterally. On 07-24-2013 he rates his bilateral wrists and hands at 9 out of 10 with 10 being the most severe pain. He has radiating pain in to his hand and fingers and into his elbows and shoulders. Hand and wrist range of motion is normal. There is 2+ tenderness over the volar aspect of his wrists and hands. There is positive Tinel's sign over the cubital tunnel area. Finkelstein's and Tinel's are negative and Phalen's test is positive. He has difficulty with fine manipulation and drops objects. In addition, he has pain in his mid-back and low back, and rates his pain in both at 7 out of 10. He is 5 feet 9 inches and weighs 315 pounds. He continues to work full time at the same job. Treatment to date has included diagnostic studies, medications, 12 physical therapy, modified duties, splinting, and activity modification. On 08-05-2013 the Utilization Review non-certified the requested treatment Surgical Clearance (unspecified)-the injured worker is young and no comorbid conditions are present that would require surgical clearance beyond a preoperative basic health assessment prior to pending right carpal tunnel release. Right ulnar nerve decompression with possible transposition was non-certified due to

there is no clear documentation of conservative treatment targeting ulnar neuropathy. Right index and middle finger A1 pulley release is non-certified because there is no documentation of the failure of corticosteroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ulnar nerve decompression with possible transposition: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow section, Surgery for cubital tunnel syndrome.

Decision rationale: 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 that the claimant has satisfied these criteria in the cited records. Therefore, the request is not medically necessary.

Right index and middle finger A1 pulley release: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Surgery on trigger finger (stenosing tenosynovitis).

Decision rationale: CAMTUS/ACOEM is silent on the issue of surgery on trigger finger (stenosing tenosynovitis). Per ODG surgery is recommended if symptoms persist after steroid injection. In this case, the triggering was not treated by a steroid injection and thus does not meet ODG criteria for trigger finger release. Therefore, the request is not medically necessary.

Surgical Clearance (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2007 Guidelines on Peri-operative Cardiovascular Evaluation and care for Non-cardiac Surgery (<http://circ.ahajournal.org/cgi/content/full/116/17/e418>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow section, 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. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.