

Case Number:	CM15-0101729		
Date Assigned:	06/04/2015	Date of Injury:	09/09/2013
Decision Date:	07/02/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/27/2015

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

Certification(s)/Specialty: Emergency Medicine

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 51-year-old female, with a reported date of injury of 09/09/2013. The diagnoses include left carpal tunnel syndrome, status post left endoscopic carpal tunnel release, status post left cubital tunnel release, left shoulder tendinitis and adhesive capsulitis, and cervical sprain with radicular symptoms. Treatments to date have included electrodiagnostic studies of the left upper extremity in 2014, left cubital tunnel release in 05/2014, left carpal tunnel release in 11/2014, physical therapy, and oral medication. The comprehensive initial orthopaedic consultation dated 04/09/2015 indicates that the injured worker complained of left shoulder pain with radiation to the left hand and up to the head. She also complained of aching of the left side of the face, left side of the neck, left shoulder, left upper arm, elbows, and left wrist. There was also the report of burning sensations of the left shoulder and left elbow, and numbness of the left shoulder, right elbow, left forearm, and left hand. Her pain was rated 7-9 out of 10. The injured worker had trouble bending due to pain of the left shoulder, left arm, and left elbow. The physical examination showed tenderness of the left levator scapuli, tenderness of the left biceps tendon groove, decreased left shoulder range of motion, positive left Hawkins and Neer's test, normal left elbow range of motion, positive Tinel's sign over the cubital tunnel of the left elbow, and decreased range of motion of the left wrist. The treating physician requested a wrist splint, a cubital tunnel brace, and electromyogram and nerve conduction study of the left upper extremity. The wrist splint was requested for the injured worker to use at bedtime to see if her carpal tunnel symptoms would diminish; and the cubital tunnel brace was requested for the injured worker to use at bedtime. It was also noted that since the injured worker remained significantly

symptomatic and despite after having undergone the surgical procedures for the wrist more than five months prior and for the elbow almost a year prior, the electrodiagnostic study of the left upper extremity was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist Splint: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The requested Wrist Splint, is medically necessary. CA Medical Treatment Utilization Schedule (MTUS) The American College of Occupational and Environmental Medicine (ACOEM) Occupational Medicine Practice Guidelines, 2nd Edition, 2004 pg. 265 "When treating with a splint in CTS, scientific evidence supports the efficacy of neural wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity." The injured worker has left shoulder pain with radiation to the left hand and up to the head. She also complained of aching of the left side of the face, left side of the neck, left shoulder, left upper arm, elbows, and left wrist. There was also the report of burning sensations of the left shoulder and left elbow, and numbness of the left shoulder, right elbow, left forearm, and left hand. Her pain was rated 7-9 out of 10. The injured worker had trouble bending due to pain of the left shoulder, left arm, and left elbow. The physical examination showed tenderness of the left levator scapuli, tenderness of the left biceps tendon groove, decreased left shoulder range of motion, positive left Hawkins and Neer's test, normal left elbow range of motion, positive Tinel's sign over the cubital tunnel of the left elbow, and decreased range of motion of the left wrist. The treating physician requested a wrist splint, a cubital tunnel brace, and electromyogram and nerve conduction study of the left upper extremity. The wrist splint was requested for the injured worker to use at bedtime to see if her carpal tunnel symptoms would diminish; and the cubital tunnel brace was requested for the injured worker to use at bedtime. It was also noted that since the injured worker remained significantly symptomatic and despite after having undergone the surgical procedures for the wrist more than five months prior and for the elbow almost a year prior. Treatments to date have included electrodiagnostic studies of the left upper extremity in 2014, left cubital tunnel release in 05/2014, left carpal tunnel release in 11/2014, physical therapy, and oral medication. The treating physician has sufficiently documented persistent symptoms of carpal tunnel syndrome and applicable positive exam findings.

Cubital Tunnel Brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 40.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The requested Cubital tunnel brace, is medically necessary. CA Medical

Treatment Utilization Schedule (MTUS) The American College of Occupational and Environmental Medicine (ACOEM) Occupational Medicine Practice Guidelines, 2nd Edition, 2004 pg. 265 "When treating with a splint in CTS, scientific evidence supports the efficacy or neural wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity." The injured worker has left shoulder pain with radiation to the left hand and up to the head. She also complained of aching of the left side of the face, left side of the neck, left shoulder, left upper arm, elbows, and left wrist. There was also the report of burning sensations of the left shoulder and left elbow, and numbness of the left shoulder, right elbow, left forearm, and left hand. Her pain was rated 7-9 out of 10. The injured worker had trouble bending due to pain of the left shoulder, left arm, and left elbow. The physical examination showed tenderness of the left levator scapuli, tenderness of the left biceps tendon groove, decreased left shoulder range of motion, positive left Hawkins and Neer's test, normal left elbow range of motion, positive Tinel's sign over the cubital tunnel of the left elbow, and decreased range of motion of the left wrist. The treating physician requested a wrist splint, a cubital tunnel brace, and electromyogram and nerve conduction study of the left upper extremity. The wrist splint was requested for the injured worker to use at bedtime to see if her carpal tunnel symptoms would diminish; and the cubital tunnel brace was requested for the injured worker to use at bedtime. It was also noted that since the injured worker remained significantly symptomatic and despite after having undergone the surgical procedures for the wrist more than five months prior and for the elbow almost a year prior. Treatments to date have included electrodiagnostic studies of the left upper extremity in 2014, left cubital tunnel release in 05/2014, left carpal tunnel release in 11/2014, physical therapy, and oral medication. The treating physician has sufficiently documented persistent symptoms of cubital tunnel syndrome and applicable positive exam findings. The criteria noted above having been met, Cubital Tunnel Brace is medically necessary.

EMG/NCS of The Left Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 272-273.

Decision rationale: The requested EMG/NCS of The Left Upper Extremity is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Chapter 11 - Forearm, Wrist, Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, pages 268-269, 272- 273; note that Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option, and recommend electrodiagnostic studies with documented exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials, that are in need of clinical clarification. The injured worker has left shoulder pain with radiation to the left hand and up to the head. She also complained of aching of the left side of the face, left side of the neck, left shoulder, left upper arm, elbows, and left wrist. There was also the report of burning sensations of the left shoulder and left elbow, and numbness of the left shoulder, right elbow, left forearm, and left hand. Her pain was rated 7-9 out of 10. The injured worker had trouble bending due to pain of the left shoulder, left arm, and left elbow. The physical examination showed tenderness of the left levator scapuli, tenderness of the left biceps tendon groove, decreased left shoulder range of motion, positive left Hawkins and Neer's test, normal left elbow range of motion, positive Tinel's sign over the cubital tunnel of the left elbow, and decreased range of motion of the left

wrist. The treating physician requested a wrist splint, a cubital tunnel brace, and electromyogram and nerve conduction study of the left upper extremity. The wrist splint was requested for the injured worker to use at bedtime to see if her carpal tunnel symptoms would diminish; and the cubital tunnel brace was requested for the injured worker to use at bedtime. It was also noted that since the injured worker remained significantly symptomatic and despite after having undergone the surgical procedures for the wrist more than five months prior and for the elbow almost a year prior. Treatments to date have included electrodiagnostic studies of the left upper extremity in 2014, left cubital tunnel release in 05/2014, left carpal tunnel release in 11/2014, physical therapy, and oral medication. The treating physician has sufficiently documented persistent symptoms of carpal and cubital tunnel syndrome and applicable positive exam findings, despite conservative and surgical treatments. The criteria noted above having been met, EMG/NCS of The Left Upper Extremity is medically necessary.