

<b>Case Number:</b>	CM15-0104219		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	02/02/2015
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Orthopedic Surgery, Hand Surgery, Sports 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 55-year-old male, who sustained an industrial injury on 2/2/15. He reported left shoulder pain. Many of the medical reports are difficult to decipher. The injured worker was diagnosed as having left cubital tunnel syndrome, left carpal tunnel syndrome, and left partial versus full thickness rotator cuff tear. Treatment to date has included physical therapy and medication. An electrodiagnostic study performed on 3/12/15 revealed severe left median neuropathy at the wrist, left ulnar neuropathy nonlocalizable, and probably underlying axonal polyneuropathy diabetic type. Physical examination findings on 4/23/15 included positive Tinel's signs at the left elbow and left wrist. Currently, the injured worker complains of left elbow pain, left hand numbness with elbow flexion, and left shoulder weakness. The treating physician requested authorization for left carpal tunnel release and left cubital tunnel release, medical clearance, and occupational therapy 2x4 for the left elbow and hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Carpal Tunnel Release and Left Cubital Tunnel Release: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 18-19, 36-37, 260-270.

**Decision rationale:** In this case, I recommend reversing the decision of the utilization review physician as I have greater information available, namely the results of February 2, 2015 electrodiagnostic testing. The nerve testing is consistent with severe median neuropathy at the wrist with delay of distal median motor and sensory conduction velocity, 2+ fibrillation potentials, and positive sharp waves with abductor pollicis brevis electromyography. The testing is also suggestive of ulnar neuropathy, but less severe and location less well defined. The California MTUS notes that, "patients with moderate or severe carpal tunnel syndrome have better outcomes from surgery than splinting" (page 270). Regarding the ulnar neuropathy, the California MTUS notes there is no evidence of benefits of non-surgical treatment, but still recommends such simple symptomatic treatment such as elbow padding and avoidance of prolonged flexion of the elbow that have been performed in this case. The guidelines note, "compared with more complex procedures, there is evidence of benefits from simple decompression and this procedure is recommended" (page 37). Both carpal tunnel and cubital tunnel decompression surgeries are relatively minor and with strong indications for carpal tunnel surgery, concurrent cubital tunnel decompression in this patient is appropriate to avoid the need for a second anesthetic and surgery. The request is medically necessary.

**Associated Surgical Service: Medical Clearance:** 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 Preoperative Testing Before Noncardiac Surgery: Guidelines and Recommendations MOLLY A. FEELY, MD; C. SCOTT COLLINS, MD; PAUL R. DANIELS, MD; ESAYAS B. KEBEDE, MD; AMINAH JATOI, MD; and KAREN F. MAUCK, MD, MSc, Mayo Clinic, Rochester, Minnesota Am Fam Physician. 2013 Mar 15;87(6):414-418.

**Decision rationale:** An extensive systematic review referenced above concluded that there was no evidence to support routine preoperative testing. More recent practice guidelines recommend testing in select patients guided by a perioperative risk assessment based on pertinent clinical history and examination findings, although this recommendation is based primarily on expert opinion or low-level evidence. In this case, there is no rationale provided for the requested evaluation; rather, records indicate the injured worker has undergone multiple larger surgical procedures (gastric bypass, cervical fusion, lumbar fusion) without medical or anesthetic complications. The request is not medically necessary.

**Associated Surgical Service: Occupational Therapy 2x4 for the Left Elbow and Hand:** 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.

**Decision rationale:** The California MTUS supports 3-8 therapy sessions following carpal tunnel surgery and 20 visits following cubital tunnel surgery with an initial course of therapy being one-half that maximum number of visits. Using the criteria for cubital tunnel surgery, the requested 8 post-surgical therapy sessions is reasonable and appropriate. Therefore, the request is medically necessary.