

Case Number:	CM15-0132110		
Date Assigned:	07/20/2015	Date of Injury:	10/30/2010
Decision Date:	08/18/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/09/2015

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: Montana, Oregon, Idaho

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 (IW) is a 64-year-old male who sustained an industrial injury on 10/30/2010. He reported pain in the back, shoulders, elbows, wrists, hands, knees and ankles due to cumulative trauma. The injured worker was diagnosed as having probable cervical spine myelopathy, thoracic spine strain, lumbar spine disc rupture, right shoulder strain, left shoulder strain, and right elbow cubital. Treatment to date has included chiropractic care, pain management, and surgery with post op occupational therapy after his hand surgery. His surgeries include a right staged carpal tunnel release, right ulnar decompression (01/12/2015) and anterior cervical discectomy and fusion (ACDF) C4-C7 with possible laminoplasty (11/4/2014). A MRI of 05/08/2014 reportedly showed lumbosacral radiculopathy, central canal stenosis, spinal stenosis and spondylolisthesis. The actual MRI report is not included in the records received. According to chart notes of 04/15/2015, the worker complains of persistent and increasing numbness in the bilateral hands. There is a notation that the worker had electrodiagnostic studies (the studies are not included in the medical records). The examination of the left elbow is positive for Tinel's, and positive in the elbow flexion test. The hand is also positive for Tinel's and Phalen's on the left. Durkan's compression test is positive in the left. Grip strength of the left wrist is greater than that in his dominant right hand. His right elbow wound is dry and intact, and there is a well-healed right carpal tunnel incision. He has sensory loss in the left median and ulnar nerve distribution and there is mild thenar atrophy on the left hand. In the exam of 05/26/2015, there is notation of pain management care in March 2015. The worker complains of pain in the neck, upper and lower back, left and right shoulder/ arms and the right and left lower extremities. The physical exam and sensory testing is limited to notation that he has light touch sensation to the right mid-anterior thigh, right mid-lateral calf, and right lateral ankle. The examination of 05/28/2015 is also minimal and difficult to read, but there is a notation that medications are refilled and the worker is to follow up with the orthopedic and hand surgeon

and the orthopedic and spine surgeon. Medications include Ibuprofen, and Voltaren. An exam of 05/28/2015 noted no opiates in the urine drug screen. A request for authorization was made for the following: Left carpal tunnel release and ulnar decompression.

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 ulnar decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 265, 37.

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 section.

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 no formal report of electrodiagnostic evidence of carpal tunnel syndrome is included in the documentation. Therefore, the request for carpal tunnel release is not medically necessary. Per ODG the Official Disability Guidelines were also referenced for more specific recommendations. According to the Official Disability Guidelines regarding surgery for carpal tunnel syndrome, "Recommended after an accurate diagnosis of moderate or severe CTS. Surgery is not generally initially indicated for mild CTS unless symptoms persist after conservative treatment. Severe CTS requires all of the following: Muscle atrophy, severe weakness of thenar muscles, 2-point discrimination test greater than 6 mm and positive electrodiagnostic testing. Not severe CTS requires all the following: Symptoms of pain, numbness, paresthesia, impaired dexterity requiring two of the following: Abnormal Katz hand diagram scores, nocturnal symptoms, Flick sign (shaking hand); findings by physical exam, requiring two of the following including compression test, Semmes-Weinstein monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, mild thenar weakness, (thumb adduction); co-morbidities of no current pregnancy; initial conservative treatment requiring three of the following: Activity modification greater than or equal to one month, night wrist splint greater than or equal to one month, nonprescription analgesia (i.e. acetaminophen), home exercise training (provided by physician, healthcare provider or therapist) or successful initial outcome from corticosteroid injection trial (optional) and positive electrodiagnostic testing." In this case there no formal report of electrodiagnostic evidence of carpal tunnel syndrome is included in the documentation. Therefore, the request for carpal tunnel release is not medically necessary. 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 exam note of 5/26/15 that the claimant has satisfied these criteria. There is no physical examination documented in this note to support objective findings of cubital tunnel syndrome. Therefore, the request for cubital tunnel release is not medically necessary.