

<b>Case Number:</b>	CM15-0162473		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	03/24/2004
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Maryland, Virginia, North Carolina  
 Certification(s)/Specialty: Plastic 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 62-year-old female, who sustained an industrial injury on March 24, 2004. The injured worker was diagnosed as having bilateral cubital tunnel syndrome, bilateral carpal tunnel syndrome, bilateral thumb carpometacarpal syndrome, bilateral thumb carpometacarpal degenerative joint disease, right lateral epicondylitis, and recurrent left lateral epicondylitis and radial tunnel syndrome. Treatment and diagnostic studies to date has included multiple cortisone injections, physical therapy, medication regimen, x-rays, status post left lateral epicondyle and radial tunnel surgery, and electromyogram. In a progress note dated July 06, 2015 the treating physician reports complaints of pain to the bilateral wrists, hands, forearms, and elbows along with tingling of the left hand, numbness of the left arm, loss of hand strength bilaterally, decreased range of motion to the wrists, and is unable to touch the tips of her thumb to her little finger together. On July 06, 2015, the treating physician also noted that the injured worker has "difficulty" styling her hair, performing household activities, and sleeping. Examination performed on July 06, 2015 revealed a positive Tinel's sign to the cubital tunnel, positive elbow flexion testing, positive Tinel's testing over the left carpal tunnel, positive Phalen's testing bilaterally, "significant tenderness" to the thumb carpometacarpal (CMC), positive grind testing, positive piano key testing, tenderness to the right lateral epicondyle, tenderness to the origin of the extensor carpi radialis brevis, and tenderness to the left lateral epicondyle and radial tunnel. On July 06, 2015, the treating physician noted x-rays performed on this date of the bilateral elbows that were unrevealing and x-rays of the bilateral hands and wrists that were revealing for severe degenerative changes of the thumb carpometacarpal joint and

"mild" triscaphe degenerative joint disease. On July 06, 2015, the treating physician noted electromyogram with the date unknown that was negative for right cubital tunnel syndrome and also noted positive nerve testing. On July 06, 2015 the treating physician requested left medial epicondylectomy, left ulnar nerve decompression of the elbow, redo lateral epicondylectomy and radial tunnel release, endoscopic carpal tunnel release, thumb carpometacarpal arthroplasty, palmaris longus tendon graft, regional anesthesia, consultation and pre-operative medical clearance, and post-operative physical and occupational therapy at two times six for a total of twelve sessions noting that the injured worker has "failed conservative therapy" recommending the surgery listed. On August 07, 2015 the Utilization Review denied the requests for left medial epicondylectomy, left ulnar nerve decompression of the elbow, redo lateral epicondylectomy and radial tunnel release, endoscopic carpal tunnel release, thumb carpometacarpal arthroplasty, palmaris longus tendon graft, regional anesthesia, consultation and pre-operative medical clearance, and post-operative physical and occupational therapy at two times six for a total of twelve sessions. Documentation from 8/25/15 notes a response from the denial of services. The patient was to begin physical therapy and along with use of a cubital brace, carpal tunnel brace and CMC brace. The patient was noted not to be able to tolerate cortisone injection due to unspecified adverse skin changes.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left Medial Epicondylectomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Forearm, Wrist & Hand, Treatment Integrated/Disability Duration Guidelines, Indication for surgery, Carpal Tunnel Release.

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Summary.

**Decision rationale:** The patient is a 62-year-old female with signs and symptoms of possible left ulnar nerve compromise at the elbow. Based on examination from the requesting surgeon, there is no tenderness over the medial epicondyle and the patient has not been diagnosed with medial epicondylitis. Therefore, a requested medial epicondylectomy is based as a treatment for the ulnar nerve compromise at the elbow. However, from page 45, Elbow complaints, a medial epicondylectomy is specifically not recommended. Therefore, the request is not medically necessary.

#### **Consultation and pre-op 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 cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post-op physical/occupational therapy 2 x 6:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Left Ulnar Nerve Decompression of the Elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Forearm, Wrist & Hand, Treatment Integrated/Disability Duration Guidelines, Indication for surgery, Carpal Tunnel Release.

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Ulnar Nerve Entrapment.

**Decision rationale:** The patient is a 62-year-old female with signs and symptoms of possible left ulnar nerve compromise at the elbow. This is supported by electrodiagnostic studies from 12/19/14. However, recommendations are made for a 3-6 month conservative treatment regimen, as documented from page 37, Elbow complaints: A decision to operate requires significant loss of function, as reflected in significant activity limitations due to the nerve entrapment and that the patient has failed conservative care, including full compliance in therapy, use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, workstation changes (if applicable), and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. Before proceeding with surgery, patients must be apprised of all possible complications, including wound infections, anesthetic complications, nerve damage, and the high possibility that surgery will not relieve symptoms. Absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. Based on documentation from 8/25/15 the patient is going to begin conservative management of bracing and physical therapy. With failure of conservative management, this procedure could be reconsidered. Therefore, left ulnar nerve decompression at the elbow should not be considered medically necessary.

**Redo Lateral Epicondylectomy and Radial Tunnel Release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Forearm, Wrist & Hand, Treatment Integrated/Disability Duration Guidelines, Indication for surgery, Carpal Tunnel Release.

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Radial Nerve Entrapment, Lateral Epicondylalgia.

**Decision rationale:** The patient is a 62-year-old female with signs and symptoms of possible recurrent lateral epicondylitis and radial tunnel syndrome. From page 38, Elbow complaints, Surgery for radial nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence. Positive electrical studies that correlate with clinical findings should be present. Previous electrodiagnostic studies from 12/19/14 were not supportive of radial nerve entrapment and thus should not be considered medically necessary. In addition, sufficient conservative management of lateral epicondylitis should be documented. From page 36, surgery for lateral epicondylalgia should only be a consideration for those patients who fail to improve after a minimum of 6 months of care that includes at least 3-4 different types of conservative treatment. Therefore, the request is not medically necessary.

**Endoscopic Carpal Tunnel Release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Forearm, Wrist & Hand, Treatment Integrated/Disability Duration Guidelines, Indication for surgery, Carpal Tunnel Release.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** The patient is a 62-year-old female with signs and symptoms of possible left carpal tunnel syndrome. There are not documented findings to suggest a severe condition, including but not limited to thenar atrophy. Previous electrodiagnostic studies from 12/19/14 were supportive of a mild left carpal tunnel syndrome. In addition, it appears that further EDS were recommended for 7/21/15. However, the outcome of this study was not documented or if it was performed. Finally, ACOEM guidelines recommend conservative management of splinting and medical management, following a consideration for a steroid injection. The patient appears to have begun a dedicated conservative trial and can be reconsidered following this. Therefore, left carpal tunnel release should not be considered medically necessary. Greater documentation with respect to the specific adverse skin reaction to steroid injection would be necessary as well.

**Thumb Carpometacarpal Arthroplasty:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Forearm, Wrist & Hand, Treatment Integrated/Disability Duration Guidelines, Indication for surgery, Carpal Tunnel Release.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Trapeziectomy and Other Medical Treatment

Guidelines Cook, Geoffrey S. M.D.; Lalonde, Donald H. M.D., MOC-PS(SM) CME Article: Management of Thumb Carpometacarpal Joint Arthritis, Plastic & Reconstructive Surgery: January 2008 - Volume 121 - Issue 1S - pp 1-9.

**Decision rationale:** The patient is a 62-year-old female with signs and symptoms of possible left thumb CMC arthritis. Radiographic studies are stated to show severe degenerative changes of the thumb CMC but no actual report was provided for review. In addition, sufficient conservative management had not been adequately documented. However, based on the report from 8/25/15 this was being initiated. Therefore, left CMC arthroplasty should not be considered medically necessary at this time.

**Palmaris Longus Tendon Graft:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated Surgical Service: Regional Anesthesia:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.