

Case Number:	CM15-0187949		
Date Assigned:	09/29/2015	Date of Injury:	11/29/2013
Decision Date:	11/16/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/24/2015

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 60 year old female, who sustained an industrial injury on 11-29-13. The injured worker was diagnosed as having myofascial pain syndrome, right ulnar neuritis, right carpal tunnel syndrome and right ulnar nerve entrapment at the elbow. Medical records (6-30-15 through 7-10-15) indicated the injured worker was working with modified duties. The physical exam (6-30-15 through 8-31-15) revealed 5 out of 10 pain in the right upper extremity and a positive Tinel's sign at the right ulnar groove. Treatment to date has included acupuncture (number of sessions not provided), a home exercise program, physical therapy (started on 8-3-15, number of sessions not provided), a TENS unit, Trazodone and Tylenol. As of the PR2 dated 9-3-15, the injured worker reports right upper extremity pain from neck to fingertips and numbness and tingling in all fingers. She has been sleeping with the elbow straight and has started therapy. She indicates that the numbness is constant and feels like her "funny bone has been hit all the time". Objective findings include a positive Tinel's and Phalen's test, a positive elbow flexion compression test and decreased right wrist flexion and extension. The treating physician requested post-op occupational therapy for the right hand-wrist x 16 sessions and a post-op custom fabricated long arm posterior splint. On 9-4-15, the treating physician requested a Utilization Review for right ulnar nerve transposition, carpal tunnel release, distal ulnar tunnel decompression, post-op occupational therapy for the right hand-wrist x 16 sessions and a post-op custom fabricated long arm posterior splint. The Utilization Review dated 9-22-15, modified the request for post-op occupational therapy for the right hand-wrist x 16 sessions and a post-op custom fabricated long arm posterior splint to post-op occupational therapy for the right hand-

wrist x 10 sessions and a post-op regular splint and certified the request for right ulnar nerve transposition, carpal tunnel release and distal ulnar tunnel decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Occupational Therapy for the Right Hand/Wrist #16: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: This is a request for 16 therapy sessions following planned ulnar and median nerve decompression surgery. The appropriate guidelines would be the post-surgical therapy guidelines for carpal tunnel syndrome and cubital tunnel release both found on page 16. Cubital tunnel release guidelines allow the most therapy 20 visits over 3 months with an initial course of therapy being half that number or 10 sessions. The requested 16 sessions exceeds guidelines and is not medically necessary.

Post-op Custom Fabricated Long Arm Posterior Splint: Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Cochrane Database Syst Rev. 2011 Feb 16;(2):CD006839. doi: 10.1002/14651858.CD006839.pub2. Treatment for ulnar neuropathy at the elbow Caliandro P1, La Torre G, Padua R, Giannini F, Padua L.

Decision rationale: This is a request for a custom long arm splint to be used after carpal and cubital tunnel release surgery. There is no evidence that splinting improves outcomes following carpal or cubital tunnel release surgery. Studies following carpal tunnel syndrome as noted on page 270 of the California MTUS guidelines have found splinting to be largely detrimental and the trend has been away from splinting following such surgery. There is no scientific evidence that splinting is beneficial following cubital tunnel release surgery and splints are not recommended in any evidence based guidelines; the systematic review referenced above summarizes the available scientific evidence on treatment of ulnar neuropathy at the elbow. Therefore, the request is determined to be not medically necessary.