

Case Number:	CM15-0192340		
Date Assigned:	10/06/2015	Date of Injury:	11/02/1998
Decision Date:	11/20/2015	UR Denial Date:	09/12/2015
Priority:	Standard	Application Received:	09/30/2015

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 70 year old male, who sustained an industrial injury on 11-2-98. The injured worker was diagnosed as having shoulder pain, rotator cuff syndrome, bilateral carpal and cubital tunnel syndrome and cervical disc disease with fusion at C3-C4 and C5-C6. Medical records (3-2-15 through 8-13-15) indicated 2-4 out of 10 pain with medications and 8-9 out of 10 pain without medications. The physical exam (7-16-15 through 8-13-15) revealed a positive Tinel's test in the right wrist and bilateral elbows. As of the PR2 dated 9-4-15, the injured worker reports bilateral upper extremity paresthesias involving the small and ring fingers and bilateral medial elbow pain that radiates distally. Objective findings include no muscular atrophy in the upper extremities, "significant" bilateral tremors and the sensory exam shows a threshold of 2.83 in all digits. He has a full composite grip with full range of motion of the elbows, wrists and digits. The treating physician noted that the injured worker was on crutches for 4.5 years for a lower extremity injury and developed bilateral extremity symptoms. Current medications include Cymbalta, Prilosec, Amphetamine-Dextroamphetamine, Clonazepam, Percocet and Duragesic patch. Treatment to date has included an EMG study of the bilateral upper extremities on 11-4-14 and psychiatric treatments. The treating physician requested a Utilization Review for a bilateral cubital tunnel release, a pre-op EKG and post-op occupational therapy x 8 sessions. The Utilization Review dated 9-12-15, non-certified the request for a bilateral cubital tunnel release, a pre-op EKG and post-op occupational therapy x 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral cubital tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic) - Surgery for cubital tunnel syndrome.

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

Decision rationale: This is a request for bilateral cubital tunnel release surgery. Provided records document diffuse symptoms in the head, neck, low back and all 4 extremities which are not consistent with a principal diagnosis of cubital tunnel syndrome only a small minority of symptoms could be attributed to cubital tunnel syndrome. Records further document substantial unrelated medical problems such as chronic pain with high-dose narcotic dependence and ongoing psychiatric treatment. The California MTUS notes that evidence is lacking that ulnar nerve decompression surgery has advantages over non-surgical treatment (page 36-37). It is further noted that, "surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. A decision to operate requires significant loss of function as reflected in significant activities with 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 a high possibility that surgery will not relieve symptoms. Absent findings of severe neuropathy such as muscle wasting, 3-6 months of conservative care should proceed a decision to operate." In this case symptoms are diffuse and only a minority correlate with ulnar neuropathy at the left elbow. The initial report by the requesting surgeon of September 4, 2015 notes that regarding upper extremity symptoms, "he has had no treatment." There has been no treatment provided for symptoms presumed secondary to cubital tunnel syndrome; no padding of the elbow, no night extension splinting, no avoidance of prolonged elbow flexion, no injections. With only a small minority of symptoms reasonably attributed to cubital tunnel syndrome and no non-surgical tunnel treatment performed, the request for bilateral cubital tunnel release surgery is determined to be medically unnecessary.

1 pre op EKG: 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 Non-cardiac 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: This is a request for an EKG before proposed cubital tunnel surgery which has been determined to be unnecessary. The California MTUS does not address preoperative testing. 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 documented medical history to support the need for the requested evaluation; rather, records indicate the injured worker has undergone multiple surgical procedures without medical or anesthetic complications. Therefore, the request is determined to be medically unnecessary.

8 post op occupational therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

Decision rationale: This is a request for 8 therapy sessions following proposed cubital tunnel release surgery. The surgery has been determined to be unnecessary, but if the surgery were needed the appropriate post-surgical treatment guidelines are found on page 16 of the California MTUS which support 20 therapy sessions over a 3 month period following such surgery with an initial course of therapy being 10 sessions and additional therapy being appropriate if there were documented functional improvement with the initial course of therapy. Therefore, if the surgery were needed the requested 8 therapy sessions would be appropriate, but since the surgery has been determined to be unnecessary the post-surgical therapy is also determined to be medically unnecessary at this time.