MAXIMUS Federal Services

Case Number:	CM15-0192619		
Date Assigned:	10/06/2015	Date of Injury:	09/04/2013
Decision Date:	12/17/2015	UR Denial Date:	09/08/2015
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: Minnesota, Florida
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 is a 57 year old male, who sustained an industrial injury on 09-04-2013. He has reported injury to the shoulders and upper extremities. The diagnoses have included repetitive strain injury; carpal tunnel syndrome; cubital tunnel syndrome; pain involving shoulder region; and left shoulder status post arthroscopic acromioclavicular joint resection with residual pain and decreased range of motion. Treatment to date has included medications, diagnostics, activity modification, splinting, physical therapy, surgical intervention, and home exercise program. Medications have included Ibuprofen and Norco. A progress report from the treating provider, dated 08-18-2015, documented an evaluation with the injured worker. The injured worker reported left shoulder and left hand pain; he describes moderate to severe left shoulder pain; the pain is made worse with any use of the left arm; the left digits 1-3 have constant numbness; unable to grip and carry; pain and hand weakness; mild right anterior shoulder pain with lifting and motion; weakness of the bilateral hands; mild to moderate right elbow pain with lifting; bilateral thumb aching and weakness; he has tried and failed wrist and elbow splints; and he takes two Ibuprofen a day for pain. Objective findings included decreased range of motion of the left shoulder; palpation reveals tenderness throughout; positive Neer, and Hawkins tests; left elbow has positive elbow flexion test; positive Tinel's and tenderness at the cubital tunnel; left carpal tunnel testing with Phalen, Tinel, and Durkan carpal tunnel compression is abnormal; and left grip testing is decreased on the left as compared to the right. The treatment plan has included the request for left endoscopic carpal tunnel release, ulnar nerve decompression; post-op occupational therapy x 12 visits; pre-op labs; and associated surgical services: EKG. The original utilization review, dated 09-08-2015, non-certified

the request for left endoscopic carpal tunnel release, ulnar nerve decompression; post-op occupational therapy x 12 visits; pre-op labs; and associated surgical services: EKG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left endoscopic carpal tunnel release, ulnar nerve decompression: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers Compensation, 5th Edition 2010, Carpal Tunnel Syndrome: Surgical Release.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Ulnar Nerve Entrapment, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The injured worker is a 57-year-old male with a history of injury to left first, second, and third fingers and both shoulders on 9/4/2013. The most recent electrodiagnostic studies dated 5/20/2015 show no evidence of carpal tunnel syndrome or radial neuropathy. There was slowed ulnar motor conduction across the elbows without conduction block. The provider has requested a left endoscopic carpal tunnel release and ulnar nerve decompression. Per orthopedic examination of 9/29/2015 he was complaining of left shoulder and left hand pain. He complained of numbness in the left first, second, and third fingers and had mild right anterior shoulder pain with lifting. There was weakness of both hands of mild degree and moderate right elbow pain with lifting. Examination of the left elbow revealed a positive Tinel's at the cubital tunnel. The left carpal tunnel testing revealed positive Phalen, Tinel's and Durkan. On neurological hand examination sensation was subjectively normal to light stroke testing in both hands. No muscle atrophy was documented. The provider indicated that the injured worker has signs and symptoms consistent with bilateral carpal tunnel syndrome versus ulnar tunnel syndrome, shoulder rotator cuff tendinitis, and possible cervical radiculopathy. MRI of the cervical spine was recommended. EMG and nerve conduction study was negative for carpal tunnel syndrome. California MTUS guidelines indicate that carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. In this case, there was no sensory deficit reported. The nerve conduction study was negative. As such, the surgical request for a carpal tunnel release is not supported and the medical necessity has not been substantiated. With regard to the cubital tunnel syndrome, the guidelines indicate 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 the clinical findings. Although a positive Tinel's is reported on the left, the nerve conduction study supports some slowing bilaterally, there is no sensory deficit to light touch in the ulnar distribution. Furthermore, there is no muscle wasting documented. As such, a firm diagnosis has not been established. Furthermore, the guidelines require 3-6 months of conservative care including full compliance in therapy, use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. The

documentation does not indicate that this was done. As such, the request for ulnar nerve decompression is not supported and the medical necessity of the request has not been substantiated.

Post-op occupational therapy x 12 visits: Upheld

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

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

Decision rationale: Since the primary surgical procedure is not medically necessary, none of the associated surgical requests are applicable.

Pre-op labs: 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 ODG: Section: Low back, Topic: Preoperative lab testing.

Decision rationale: Since the primary surgical procedure is not medically necessary, none of the associated surgical requests are applicable.

Associated surgical services: 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 ODG: Section: Low back, Topic: Preoperative electrocardiogram.

Decision rationale: Since the primary surgical procedure is not medically necessary, none of the associated surgical requests are applicable.