

Case Number:	CM15-0203852		
Date Assigned:	10/20/2015	Date of Injury:	05/29/2013
Decision Date:	12/24/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/16/2015

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: Illinois, California, Texas
 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:

This injured worker is a 46-year-old male who sustained an industrial injury on 5/29/13. Injury occurred when he was lifting a heavy block of wood and experienced a pop and pain in the left forearm. Records indicated that he was diagnosed with left cubital and carpal tunnel syndrome. The 6/11/15 initial hand surgery report documented a left wrist/hand injury. The injured worker had received 6 physical therapy visits and had been provided a wrist splint and elbow extension splint. He reported numbness and tingling in all the fingers, and whole hand numbness at night. He also reported proximal forearm pain with lifting and with resisted pronation and supination. Right hand exam was documented with no thenar wasting, 5/5 strength, normal range of motion, negative Tinel's over the carpal tunnel and Guyon's canal. Phalen's test was positive. Two-point discrimination was 5 mm over each digit. Right wrist exam was negative. Right elbow exam documented normal range of motion, positive Tinel's over the ulnar and median nerve, equivocal elbow flexion test, and otherwise negative provocative testing. The diagnosis was right carpal tunnel and cubital tunnel syndrome. The treatment plan recommended repeat nerve conduction studies prior to surgery. The left upper extremity nerve conduction studies on 8/18/15 documented moderately severe left median sensory neuropathy and distal ulnar sensory neuropathy. The 8/18/15 hand surgery report cited frequent tingling of the left thumb, index and middle finger, alternating with the small and ring fingers. He was not working. Physical exam documented positive Phalen's and equivocal elbow flexion test. There was normal sensation. The nerve conduction study documented distal median motor and sensory slowing and distal ulnar sensory slowing. The diagnosis was right hand carpal tunnel and cubital tunnel syndrome.

Authorization was requested for right carpal tunnel release, right cubital tunnel release, post-operative splint, pre-operative medical clearance, and post-op physical therapy 2x6 for the right wrist and elbow. The 9/25/15 utilization review certified the request for right carpal tunnel release. The request for right cubital tunnel release was non-certified as there was no documentation of how long the injured worker had had conservative treatment. The request for post-op splint was non-certified, as guidelines do not recommend splint after carpal tunnel surgery. The request for pre-operative medical clearance was non-certified as there was no evidence that the injured worker had any comorbidities placing him at risk for pre-, post-, or intra-operative complications to warrant this request. The request for post-operative physical therapy 2x6 for the right wrist and elbow was modified to 4 initial post-op visits for the wrist only, consistent with Post-Surgical Treatment Guidelines for carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right cubital tunnel release: Upheld

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

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

Decision rationale: The California MTUS guidelines state 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 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. Absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. Guideline criteria have not been met. This injured worker presents with a history of left forearm/hand symptoms, worse at night. Detailed evidence of up to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is a discrepancy in the medical records regarding the laterality of symptoms. The request under consideration is for right cubital tunnel release. The treating physician documented on-going left upper extremity signs/symptoms consistent with electrodiagnostic evidence of left carpal tunnel and cubital tunnel syndrome. The hand surgeon cited left upper extremity symptoms but documented right upper extremity exam findings that did not fully evidence carpal tunnel syndrome or cubital tunnel syndrome. The diagnosis was listed as right carpal tunnel and cubital tunnel syndrome but there was no documentation of right upper extremity electrodiagnostic studies. The medical necessity of a right cubital tunnel release has not been established. Therefore, this request is not medically necessary.

Post-op splint: 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 Index 13th Edition (web) 2015 Carpal Tunnel Syndrome.

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

Decision rationale: The California MTUS guidelines recommend splinting as a first-line conservative treatment for carpal tunnel syndrome. Guidelines state that splinting the wrist beyond 48 hours following carpal tunnel release is not recommended. Guideline criteria have not been met. This injured worker has been using a wrist brace in the pre-operative period. There is no compelling rationale to support the medical necessity of an additional brace for 48-hour use. Therefore, this request is not medically necessary.

Pre-op medical clearance: Overturned

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 Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged males have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient age, long-term use of non-steroidal anti-inflammatory drugs, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Associated surgical service: Physical therapy, 2 times a week for 6-weeks, for the right wrist/ elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for carpal tunnel release suggest a general course of 3 to 8 post-operative visits over 3-5 weeks during the 3-month post-surgical treatment period. For cubital tunnel release, guidelines support 20 visits over 10 weeks during the 6-month post-surgical treatment period. An initial course of therapy would

be supported for one-half the general course. If it is determined additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 9/25/15 utilization review certified the request for carpal tunnel release and approved 4 visits of post-op physical therapy consistent with the initial treatment recommendations. The request for right cubital tunnel release has not been found medically necessary to support additional therapy for the right elbow. Therefore, this request is not medically necessary.