

Case Number:	CM15-0022656		
Date Assigned:	02/12/2015	Date of Injury:	01/26/2009
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/06/2015

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:

The injured worker is a 53-year-old male, who sustained an industrial injury on 1/26/09, while pulling wires and associated cumulative trauma. Past surgical history was positive for anterior fixation and interbody fusion at C4-C7 in 2010. The 6/30/14 cervical MRI documented mild multilevel degenerative disc disease with neuroforaminal stenosis throughout the cervical spine, slightly worsened at C3/4, mild C3/4 central canal stenosis, fusion at C4-C7, and anterolisthesis at C6/7. The 12/4/14 treating physician report noted neck pain with painful movement, left elbow pain with painful movement, and bilateral hand and fingers pain with weakness. There was tenderness over the medial elbow and cubital tunnel, with positive flexion and Phalen's tests. The left wrist, hand, and thumb had tenderness over the volar wrist, positive atrophy, and decreased sensation to light touch over the hand and flexor forearm. The treatment plan included a left cubital tunnel and carpal tunnel release. The 1/16/15 utilization review non-certified the request for left cubital tunnel and carpal tunnel release based on the need for electromyography evidence to prove that this is not a radiculopathy, and the lack of evidence of conservative treatment trial and failure, including braces and possible injection. The pre-operative clearance, cold therapy unit, and postoperative physical therapy were non-certified based on the non-certification of the associated surgery. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) Guidelines, and Official Disability Guidelines (ODG) were cited. On 2/6/15, the injured worker submitted an application for IMR. The 1/22/15 treating physician report requested authorization for a bilateral upper extremity EMG/NCV, and recommended a trial of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left cubital tunnel and left carpal tunnel release, with left thumb cortisone injection surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines Page(s): 16.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Chapter 10: 36-37; Chapter 11: 270, 272.

Decision rationale: The California MTUS guidelines state that surgery for ulnar nerve entrapment (cubital tunnel syndrome) 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. Guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. Guidelines also support initial corticosteroid injections as optional in the treatment of tendinitis. Guideline criteria have not been met. This patient presents with signs/symptoms and clinical exam findings suggestive of ulnar and median neuropathies. There is no evidence that electrodiagnostic studies have been undertaken to rule-out cervical radiculopathy and confirm ulnar and/or median neuropathies. Evidence of 3 to 6 months of a recent, reasonable and/or comprehensive guideline-recommended non-operative treatment protocol trial and failure has not been submitted. There was also no detailed documentation to support the medical necessity of the injection relative to a diagnosis of tendinitis. Therefore, this request is not medically necessary at this time.

Pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bibliographic Source: Card R., Sawyer M. Degnan B, Harder K, Kemper J. Marshall M, Matteson M, Roemer R, Schuller-Bebus Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); Mar. 124 p. [124 references]

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: As the surgical request is not supported, this request is not medically necessary.

Cold therapy unit for 10 days: 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) Carpal Tunnel Syndrome (updated 11/11/14) Continuous cold therapy (CCT), Shoulder (updated 10/31/14) Continuous-flow cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Carpal tunnel syndrome: Continuous cold therapy (CCT) Elbow: Cold packs

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Post-operative physical therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16, 18.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.