

Case Number:	CM15-0029585		
Date Assigned:	02/23/2015	Date of Injury:	06/18/2012
Decision Date:	04/03/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/18/2015

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 52-year-old female who sustained an industrial injury on 6/18/12, due to repetitive typing. She underwent right carpal tunnel release in 2012, with persistent symptoms. The 1/27/15 initial evaluation report cited numbness and tingling in the right hand ulnar nerve distribution with pain over the medial elbow, worsening weakness and loss of dexterity. She reported constantly dropping objects out of the hand, difficulty picking up small objects or combing her hair. The February 2014 electrodiagnostic study showed significant right ulnar neuropathy at the level of elbow, and persistent carpal tunnel syndrome. The patient had failed all conservative options, including limited use of the hand, prolonged use of protective braces, anti-inflammatory medications, and therapy. Right hand exam documented some thenar atrophy, obvious swelling over the volar distal forearm, positive Wartenberg's sign, and positive Froment's test. There was moderate tenderness over the right cubital tunnel with positive elbow flexion test. There was slight atrophy of the flexor carpi ulnaris belly. There was positive Tinel's and Phalen's at the wrist. The treatment plan recommended right carpal tunnel release and right ulnar nerve anterior transposition. On 1/30/15, utilization review modified the request for redo of right carpal tunnel release, median nerve block, flexor synovectomy, median nerve internal neurolysis hypothenar fat flat, and right ulnar nerve transposition at elbow to certification of redo of right carpal tunnel release, median nerve block, flexor synovectomy, median nerve internal neurolysis hypothenar fat flat and non-certification of the right ulnar nerve transposition. The request for 30 day rental of a cold therapy/compression unit was modification to 7 day use. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 redo of right carpal tunnel release, median nerve block, flexor synovectomy, median nerve internal neuralysis hypo thenar fat flat, right ulnar nerve transposition at elbow:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines- Carpel Tunnel Release.

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.

Decision rationale: The California MTUS 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. 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 been met. This patient presented with severe and worsening right median and ulnar neuropathies. Functional difficulty was noted in picking up small objects, combing her hair, and dropping things. Clinical exam findings were consistent with electrodiagnostic evidence of significant right ulnar neuropathy at the level of the elbow, and persistent carpal tunnel syndrome. Exam findings documented mild thenar and flexor carpi ulnaris atrophy. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

30 day rental of cold therapy/compression: 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 Official Disability Guidelines (ODG) Forearm/Wrist/Hand-Cryotherapy.

Decision rationale: The California MTUS are silent regarding cold compression therapy. Cryotherapy is recommended using standard cold packs. The Official Disability Guidelines do not recommend cold compression therapy for patients undergoing upper extremity surgeries. There is no evidence of improved clinical post-operative outcomes for patients using an active cooling and compression device over those using ice bags and elastic wrap after upper extremity surgery. Guidelines state that continuous cold therapy is an option for up to 7 days in the post-operative setting following carpal tunnel release. The 1/30/15 utilization review decision recommended partial certification of this cold therapy unit for 7-day rental. There is no compelling reason in the records reviewed to support the medical necessity of this device beyond the 7-day rental previously certified. Therefore, this request is not medically necessary.