MAXIMUS Federal Services

Case Number:	CM15-0212888		
Date Assigned:	11/02/2015	Date of Injury:	12/08/2011
Decision Date:	12/22/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/29/2015

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: Oregon
Certification(s)/Specialty: Plastic Surgery, Hand 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 55 year old male who sustained an industrial injury on 12-8-11. A review of the medical records indicates that the worker is undergoing treatment for C5-C6 and C6-C7 cervical disk degeneration with radiculopathy, carpal tunnel syndrome, and lesion of ulnar nerve. Subjective complaints (6-8-15) include intermittent pain in the right hand and wrist rated at 4 out of 10 which sometimes radiates up to the elbow, soreness and stiffness in the middle and ring fingers of the right hand and weakness, numbness and lack of coordination with those fingers and difficulty gripping. cervical spine pain is rated at 2 out of 10 with medication and 8-9 out of 10 without medication and range of motion is decreased and there has been radiating pain to the arms rarely. Cervical spine pain with upper extremity radiculopathy, left greater than right is noted (8-5-15). Objective findings (8-5-15) include some slight deficits noted with decreased sensation on the lateral forearm on the right and a slight deficit on wrist extension +4 out of 5, and slight decrease on the left in the triceps. MRI of the cervical spine is noted to reveal neural foraminal stenosis at C5-C6. Electromyography and nerve conduction velocity study was done 10-2-14. Previous treatment includes at least 15 sessions of physical therapy, Ultram, Robaxin, and bilateral wrist braces. A request for authorization is dated 9-20-15. On 10-6-15, the requested treatment of right center and cubital tunnel release, associated surgical services: assistant surgeon; Percocet 5-325mg #60 for 30 days; C5-C6 and C6-C7 epidural steroid injection; physical therapy x12 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right center and cubital tunnel release: Overturned

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Ulnar Nerve Entrapment. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Chapter.

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 carpal tunnel release is medically necessary. According to the ACOEM guidelines, Chapter 11, page 270, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken." This patient has significant symptoms of carpal tunnel syndrome, an exam consistent with carpal tunnel syndrome and positive elecrodiagnostic studies for median nerve compression. Per the ACOEM guidelines, carpal tunnel release is medically necessary. The patient has numbness in the ulnar nerve distribution. According to the ACOEM guidelines, Chapter 10, page 240, "Surgery for ulnar nerve entrapment is indicated after establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. A decision to operate presupposes that a significant problem exists, as reflected in significant activity limitations due to the specific problem and that the patient has failed conservative care, including 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 elbow flexation while sleeping." The patient meets these guidelines with positive nerve tests, significant symptoms and the failure of medical care.

Associated surgical service: Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross / Blue Shield North Carolina - Assistant surgeon.

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

Decision rationale: According to ACOEM Chapter 11, page 270, "Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature; Fail to respond to conservative management, including worksite modifications; Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention." Although ACOEM supports surgical treatment for carpal and

cubital tunnel syndromes, ACOEM does not support an assistant for these procedures. Carpal and cubital tunnel release surgery is straightforward and an assistant is not required for straightforward hand surgery procedures.

Associated surgical service: Percocet Tab 5/325mg #60 for 30 days: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: MTUS does not address opiates for postoperative pain. Per ACOEM, Chapter 3, pages 47-48, Opioids: "Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time." The patient is likely to have severe pain following surgery, and a short course of an oral opiate is indicated to manage the anticipated postoperative pain.

Associated surgical service: C5-C6 and C6-C7 ESI: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

Decision rationale: Per ACOEM: "Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, 2 or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain." The patient is in a transitional phase with acute becoming chronic pain. The request is medically necessary. Steroid injections may help break the pain cycle.

Surgical associated service: Physical therapy times 12: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

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

Decision rationale: Per MTUS: Cubital tunnel release [DWC]: Postsurgical treatment: 20 visits over 3 months Postsurgical physical medicine treatment period: 6 months. The cubital tunnel

release has been authorized. The request for 12 visits falls well within the MTUS guidelines and therefore is medically necessary. Therapy will improve the patient's recovery.