

<b>Case Number:</b>	CM15-0214521		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	10/30/2013
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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: 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 46-year-old female, with a reported date of injury of 10-30-2013. The diagnoses include bilateral carpal tunnel syndrome, pain in forearm joint, and status post left carpal tunnel release. The progress report dated 08-24-2015 indicates that the injured worker presented for follow-up on the right wrist post-operatively. She stated that she was "doing pretty good", and was not in too much pain. The objective findings include a clean, dry, and closed incision of the left upper extremity; intact sensation; moved all fingers; and no evidence of infection. The injured worker was instructed to remain off work until 08-31-2015. The progress report dated 09-14-2015 indicates that the injured worker presented for follow-up on the bilateral wrists. She stated that the left side was a little tender and she felt a stinging sensation in the incision area. The injured worker stated that the right wrist as not too bad, and that she tried not to lift anything heavy. The objective findings include tenderness at the incision, negative Tinel's test, and decreased grip strength. The injured worker was instructed to remain off work until 10-19-2015. The diagnostic studies to date have included an MRI of the left wrist on 07-14-2015 which showed cystic loci in the lunate, triquetrum and capitate and incidental finding of a sclerotic focus in the base of the first metacarpal; an x-ray of the left shoulder on 07-16-2015 which showed moderate degenerative arthrosis of the acromioclavicular joint; and an x-ray of the left wrist on 07-16-2015 which showed mild osteoarthritis of the first carpometacarpal joint. Treatments and evaluation to date have included Advil, left carpal tunnel release on 08-19-2015, and Tylenol with codeine. The treating physician requested left cubital tunnel release and left medial epicondylectomy with associated services. On 10-02-2015, Utilization Review (UR) non-

certified the request for left cubital tunnel release and left medial epicondylectomy with associated services.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left cubital tunnel release, left medial epicondylectomy: Upheld**

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

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

**Decision rationale:** Per the ACOEM guidelines, page 37, Elbow Complaints, 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. The patient's nerve tests are positive for bilateral carpal tunnel syndrome. The records do not document positive nerve testing for cubital tunnel syndrome. The request is not medically necessary.

#### **Left medial epicondylectomy: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Medial Epicondylalgia.

**Decision rationale:** Per ACOEM: Quality studies are not available on surgery for medial epicondylalgia. As noted previously, it is recommended that treatment for medial epicondylalgia be inferred from lateral epicondylalgia; however, some anecdotal information suggests surgical outcomes for medial epicondylalgia may be somewhat worse. This option is high cost, invasive, and has moderate side effects. Thus, surgery for medial epicondylalgia should only be a consideration for those patients who fail to improve after a minimum of 6 months of care that includes at least 3-4 different types of conservative treatment. In this case, the records do not document six months of medical care specifically directed at treatment of the patient's medial epicondylitis. In addition, 3-4 different types of conservative treatment are not documented. The request is not medically necessary.

#### **Associated surgical service: Medical clearance: 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) (TWC), Low Back updated 5/15/15.

**Decision rationale:** ODG-TWC, Low Back updated 5/15/15 states: preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. There is insufficient evidence to support routine preoperative medical clearance prior to straightforward hand surgery procedures. The hand surgeon can perform a history and physical and refer the patient for preoperative clearance if the history and physical detects any medical issues. Therefore, this request is not medically necessary.

**Associated surgical service: 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 Official Disability Guidelines (ODG) (TWC), Low Back updated 5/15/15.

**Decision rationale:** ODG-TWC, Low Back updated 5/15/15 states: preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. There is insufficient evidence to support routine preoperative labs prior to straightforward hand surgery procedures. The hand surgeon can perform a history and physical and refer the patient for preoperative clearance if the history and physical detects any medical issues. Therefore, this request is not medically necessary.

**Post-op physical therapy 3 x 4 for the left upper extremity:** 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.

**Decision rationale:** MTUS supports up to 20 visits following cubital tunnel release. The request is within the recommended guidelines, but the surgery is not certified. Therefore, 12 visits of OT are not medically necessary.

**Post-op med: Tylenol No. 3: Upheld**

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

**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 and 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 would be indicated to manage the anticipated postoperative pain. However, the surgery is not approved and therefore the pain medication is not medically necessary.