

<b>Case Number:</b>	CM15-0214549		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	03/05/2015
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2015

### 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:

This injured worker is a 55 year old female, who sustained an industrial injury on 03-05-2015. The injured worker was diagnosed as having bilateral wrist carpal tunnel syndrome and left wrist cubital tunnel syndrome. On medical records dated 08-27-2015 and 09-03-2015; the subjective complaints were noted as bilateral hand pain with numbness and stiffness. Objective findings were noted as right hand and wrist was noted to have weakness with abduction of her thumb. Positive compression test, positive Tinel's and positive Phalen test was noted. Weakness with abduction and adduction of her hand. Range of motion of the right wrist was full. There was a decreased sensation of the median nerve distribution. Tenderness over the first carpometacarpal joint and triangular fibrocartilage tenderness was noted. Per documentation a nerve conduction study was performed which revealed a bilateral carpal tunnel and left cubital tunnel syndrome, involvement of the motor and sensory component of the median nerve. X-ray of the bilateral hands revealed carpometacarpal joint arthritis, bilateral carpal tunnel syndrome and bilateral cubital tunnel syndrome was noted. Current medications were not listed 09-03-2015. The Utilization Review (UR) was dated 10-05-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for right cubital tunnel release was non-certified and associated surgical services was modified.

### 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:** 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. For this patient, nerve conduction testing showed bilateral carpal tunnel syndrome and left ulnar nerve entrapment. The records do not document a finding of right ulnar nerve entrapment. The ACOEM guidelines are not met because nerve testing is negative. Therefore this request is not medically necessary.

**Associated surgical service: CBC:** 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 lab testing for healthy patients such as this one 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: CMP:** 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 5/15/1.

**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 lab testing for healthy patients such as this one 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: PT, PTT:** 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 lab testing for healthy patients such as this one 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: Hgb A1C:** 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 lab testing for healthy patients such as this one 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.