

Case Number:	CM15-0030357		
Date Assigned:	02/24/2015	Date of Injury:	09/16/2013
Decision Date:	04/24/2015	UR Denial Date:	02/09/2015
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: California
 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 38-year-old male who reported an injury on 09/16/2013. The mechanism of injury was not provided. The injured worker was noted to utilize an elbow splint and have 7 sessions of physical therapy. There was a Request for Authorization submitted for review dated 02/03/2015. The documentation of 01/22/2015 was handwritten and difficult to read. The documentation indicated the injured worker had complaints of pain and wanted to discuss surgery. The injured worker was noted to have 7 sessions of therapy which did not help. The injured worker complained of tingling and numbness in the left hand and elbow. The diagnosis included mild left carpal tunnel syndrome, borderline left cubital tunnel syndrome. A request was made for cubital tunnel and carpal tunnel release. The injured worker underwent EMG and nerve conduction studies on 09/08/2014. The injured worker underwent left elbow surgery with excision of the origin of the extensor tendon, distal humerus, repair of the extensor origin to the distal humerus with 2 bone anchors and a long arm splint on 02/28/2014. The injured worker underwent an EMG and nerve conduction studies on 09/08/2014, which revealed the injured worker, had a positive Tinels and Phalens sign in the bilateral wrists and both elbows. The injured worker had bilateral carpal tunnel syndrome, moderate on the right and mild on the left, with prolonged median motor and sensory latencies across the wrist. The injured worker had borderline left ulnar neuropathy at the elbow with borderline normal ulnar motor conduction velocity across the elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Cubital Tunnel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45-47.

Decision rationale: The American College of Occupational and Environmental Medicine indicates surgical consultation may be appropriate for patients who have significant limitation of activity for more than 3 months and a failure to improve with exercise programs to increase range of motion and strengthen musculature around the elbow, or who have clear clinical and electrophysiologic or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. 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. There should be documentation of significant activity limitations due to nerve entrapment and documentation the injured worker has failed conservative care, including full compliance in therapy, which is the use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. The clinical documentation submitted for review indicated the injured worker had undergone 7 sessions of therapy. There was documentation the injured worker had utilized an elbow splint and had prior elbow surgery. The injured worker was noted to have borderline left ulnar neuropathy. There was a lack of documentation indicating the injured worker had a significant loss of function and documentation of a failure of full compliance therapy. The objective examination failed to indicate the injured worker had clear clinical evidence of cubital tunnel syndrome. Given the above and the lack of documentation, the request for left cubital tunnel is not medically necessary.

Left Carpal Tunnel release: Upheld

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 (ODG); Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 and 271.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that surgery for carpal tunnel syndrome is appropriate when the injured worker has objective findings upon physical examination that are correlated with electrodiagnostic studies and when the injured worker has failed conservative care including bracing and an injection. The clinical documentation submitted for review indicated that 7 sessions of physical therapy was not

beneficial. There was a lack of documentation of bracing and the outcome of an injection. The injured worker had mild carpal tunnel syndrome upon electrodiagnostic studies. There was a lack of documentation of objective findings upon examination, including a positive Phalens and positive Tinel's with the most recent examination to support the necessity for surgical intervention. Given the above, the request for Left Carpal Tunnel Release is not medically necessary.

Pre-op Medical Clearance/Labs: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op Physical Therapy 3x4: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.