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| Case Number: | CM15-0030884 | | |
| Date Assigned: | 02/24/2015 | Date of Injury: | 07/28/2007 |
| Decision Date: | 04/09/2015 | UR Denial Date: | 01/29/2015 |
| 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: Minnesota, Florida
 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 45-year-old female, with a reported date of injury of 07/28/2007. The diagnoses include neck pain, low back pain, bilateral carpal tunnel syndrome, status post surgical releases, cervical radiculopathy status post cervical disc arthroplasty, C5-6, and bilateral ulnar nerve entrapment at the elbows, right more than left. Treatments have included oral opioid medications, topical pain medication, physical therapy prior to the neck surgery, and two electrodiagnostic studies. The medical report dated 12/10/2014 indicates that the injured worker had numbness and tingling in the ring and small fingers. She continued to have numbness and tingling throughout the day and awakened at night with the symptoms. The examination showed a positive Tinel's sign at both elbows, worse on the right side; and a positive Tinel's sign at both wrists, worse on the right. Repeat electrodiagnostic studies showed ulnar neuropathy at the elbow. The injured worker had median neuropathy at the wrist. The treating physician requested right wrist ulnar tunnel release, postoperative physical therapy two times a week for six weeks for the right wrist, and custom orthosis due to ongoing symptoms and the injured worker's inability to get back to work with the symptoms. On 01/29/2015, Utilization Review (UR) denied the request for right wrist ulnar tunnel release, postoperative physical therapy two times a week for six weeks for the right wrist, and custom orthosis. The UR physician noted that there was no electrodiagnostic evidence of ulnar nerve entrapment at the wrist or documentation of specific conservative care for the professed neuropathy finding at the wrist; and since the surgery was not certified, the associated requests are also not certified. The MTUS ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Wrist Ulnar Tunnel Release: Upheld

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

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

Decision rationale: The injured worker reported involvement of both upper extremities from a work injury of July 2007. She received physical therapy and oral medications and returned to work in 2009 until 2011. At that time she developed severe neck pain and low back pain. She underwent bilateral carpal tunnel releases in 2013, and underwent a cervical disc replacement at C5-6 on August 6, 2014. Progress notes dated November 4, 2014 document decreased sensibility over the fourth and fifth fingers of both hands with bilateral "compression sign" over the median nerves at the wrists and ulnar nerves at the elbows. The injured worker was complaining of soreness since undergoing the cervical spine surgery with pain levels of 9/10 and burning. With medication, the pain improved to 5-6/10. She was taking tramadol 1-2 tablets per day and Tylenol No. 4 for pain. On 12/10/2014, notes indicate that she was having numbness and tingling in the ring and little fingers for approximately a year. Examination revealed Tinel's signs over the ulnar nerves at both elbows, right worse than left and also at both wrists, right worse than left. The provider is requesting an ulnar Tunnel release at the right wrist. Electromyography and nerve conduction study dated September 22, 2014 revealed mild right median neuropathy at the wrist. The IW had undergone a right carpal tunnel release on 8/27/2013. The electrodiagnostic study did not show any evidence of ulnar nerve entrapment at the wrist. There was a chronic moderate cubital tunnel syndrome of the right elbow and acute mild radial neuropathy of the forearm. As such, the clinical diagnosis of ulnar nerve entrapment at the wrist is not supported by electrodiagnostic studies. Furthermore, the documentation does not indicate any recent conservative treatment for the alleged ulnar nerve entrapment at the wrist. California MTUS guidelines indicate surgical considerations for failure to respond to conservative management and evidence of clinical and special study documentation of a lesion that has been shown to benefit in both the short and long-term from surgical intervention. As such, in the absence of electrodiagnostic evidence of the lesion for which surgery is requested, the request is not supported by guidelines and the medical necessity has not been substantiated.

Post-Operative Physical Therapy 2 times a week for 6 weeks for the Right Wrist: 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 surgical procedure is not medically necessary, none of the associated services are medically necessary.

Associated medical service: Custom Orthosis L3808, E0191: 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 surgical procedure is not medically necessary, none of the associated services are medically necessary.