

Case Number:	CM15-0036137		
Date Assigned:	03/04/2015	Date of Injury:	06/07/2012
Decision Date:	04/16/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/26/2015

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 48-year-old male, who sustained a work/ industrial injury on 6/7/12. Mechanism of injury was not documented. He has reported symptoms of right arm pain rated 6-7/10 with decreased grip on the right. Surgical history included carpal tunnel release and right ulnar release at the elbow on 7/2013. The diagnosis was not documented. Treatments to date included medication, surgery, neurology consultation, and diagnostics. Diagnostics included an Electromyogram (EMG/NCV) on 7/9/14 that demonstrated bilateral carpal tunnel syndrome, substantial right and moderate left, ulnar sensory and motor nerve conduction testing was normal, no evidence of residual of an apparent prior right ulnar neuropathy at the elbow. The neurology report from 11/12/14 indicated right arm pain with bilateral carpal tunnel symptoms vs. peripheral polyneuropathy. Recommendation was made for further testing to include nerve conduction testing involving both upper and lower extremities. On 1/19/15, there was recurrent medial nerve symptoms on the right greater than the left. Additional requests were made to explore his ulnar nerve decompression and perform transposition tot the sub muscular location, and open approach to release his right transverse carpal ligament. On 1/27/15, Utilization Review non-certified a Neuroplasty of the ulnar nerve at the right elbow, neuroplasty of the median nerve at the right wrist and neuroplasty of the ulnar nerve at the right wrist, citing the CA MTUS: ACOEM Guidelines, page 36-38 and 240 and Official Disability Guidelines (ODG), Elbow Chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuroplasty of the ulnar nerve at the right elbow, neuroplasty of the median nerve at the right wrist and neuroplasty of the ulnar nerve at the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 36-38 and 240 and Official Disability Guidelines (ODG), Elbow Chapter.

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand Complaints, 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. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case, the electrodiagnostic study from 7/9/14 does not demonstrate any evidence of red flag condition or clear lesion shown to benefit from ulnar nerve decompression. Therefore, the determination is for non-certification.