

Case Number:	CM15-0080712		
Date Assigned:	05/01/2015	Date of Injury:	07/06/2011
Decision Date:	06/17/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/28/2015

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 42-year-old male who sustained an industrial injury on 07/06/2011. Current diagnoses include right impingement syndrome, right medial/lateral epicondylitis, distal biceps tendinitis possible biceps tear, right cubital tunnel syndrome, possible radial nerve neuropathy, and right carpal tunnel syndrome. Previous treatments included medication management, and TENS unit. Previous diagnostic studies include urine toxicology screening, electrodiagnostic study, and MRI of the right shoulder. Report dated 04/20/2015 noted that the injured worker presented with complaints that included continued right hand pain and numbness, pain/burning right ulnar nerve elbow, increased right shoulder pain, and continued right knee pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included review of QME report and agree with findings, request for evaluation and treatment of right knee, request for right elbow/wrist surgery, right shoulder surgery in future, and follow up in one month. Disputed treatments include right carpal tunnel release, right cubital tunnel decompression with submuscular transposition, and post-op physical therapy 3 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release, Right Cubital Tunnel Decompression with Submuscular Transposition: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271, Postsurgical Treatment Guidelines Page(s): 25-26, 44-49.

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

Decision rationale: The carpal tunnel release is medically necessary. According to the ACOEM guidelines, Chapter 11, page 270, surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. This patient has significant symptoms of carpal tunnel syndrome, an exam consistent with carpal tunnel syndrome and positive electrodiagnostic studies for median nerve compression. Per the ACOEM guidelines, carpal tunnel release is medically necessary. The patient had a subluxing ulnar nerve. According to the ACOEM guidelines, Chapter 10 page 240, "Surgery for ulnar nerve entrapment is indicated after establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. A decision to operate presupposes that a significant problem exists, as reflected in significant activity limitations due to the specific problem and that the patient has failed conservative care, including use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, workstation changes (if applicable), and avoiding nerve irritation at night by preventing elbow flexation while sleeping." The patient meets these guidelines with positive nerve tests, significant symptoms and the failure of medical care including light duty work.

Post-Operative Therapy (12-sessions, 3 times a week for 4 weeks): Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the Postsurgical Treatment Guidelines for ulnar nerve entrapment/cubital tunnel syndrome postsurgical treatment is 20 visits over 10 weeks with a postsurgical physical medicine treatment period of 6 months. Therefore, the request is medically necessary.