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| Case Number: | CM14-0126684 | | |
| Date Assigned: | 08/13/2014 | Date of Injury: | 06/07/2012 |
| Decision Date: | 10/08/2014 | UR Denial Date: | 07/16/2014 |
| Priority: | Standard | Application Received: | 08/11/2014 |

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of June 7, 2012. In a Utilization Review Report dated July 16, 2014, the claims administrator denied a request for an ulnar nerve decompression, a carpal tunnel release, a preoperative hemoglobin and urine pregnancy test, and 12 sessions of postoperative physical therapy. The claims administrator apparently based its denial on negative electrodiagnostic testing. The applicant's attorney subsequently appealed. In a July 1, 2014 progress note, the applicant reported persistent complaints of numbness and tingling in all five digits of the hand. The applicant apparently had electrodiagnostic testing which was within normal limits but had been troubled with symptoms for the preceding two years, it was stated. MR arthrography of the shoulder was negative. It was stated that the applicant had responded to a trial wrist corticosteroid injection. The applicant was on Flexeril, Prilosec, Norco, Relafen, and Amrix, it was stated. The applicant was a former smoker. The applicant had no pertinent past medical history, it was stated. The applicant was obese, with a BMI of 34. A positive Tinel sign was noted at the right elbow. A positive Tinel sign was noted about the right wrist, along with a positive compression test at the same. Positive signs of internal impingement were noted about the shoulder. The attending provider stated that a carpal tunnel release and ulnar nerve decompression surgery were indicated on the grounds that the applicant had responded favorably to an earlier carpal tunnel release surgery. A preoperative hemoglobin and urine pregnancy test were sought. The treating provider stated that he did not believe that the applicant's pathology was emanating from the shoulder. Electrodiagnostic testing of the right upper extremity was, in fact, officially interpreted as negative. On May 28, 2014, it was suggested that the applicant was placed off of work, on total temporary disability. In an August 12, 2013 progress note, the applicant was described as having painful and tight shoulder, hand,

wrist, forearm, and neck complaints with muscle spasms. The applicant was described as having tendinitis/repetitive motion syndrome secondary to cumulative trauma at work. The applicant was also described as having elbow epicondylitis. In a January 15, 2014 progress note, the applicant was described as having atypical pain about the neck, shoulder, elbow, and hand. The applicant stated she was getting depressed, was having difficulty exercising, and was having difficulty sleeping.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ulnar Nerve Decompression: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, page 37: "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." In this case, the attending provider does not have a firm diagnosis. The attending provider has not furnished compelling evidence to suggest that the applicant in fact has an ulnar nerve entrapment neuropathy/cubital tunnel syndrome present here. In contrast to the carpal tunnel syndrome allegation/issue, the attending provider does not appear to have performed a documented diagnostic corticosteroid injection to the elbow. The applicant's comorbid shoulder, wrist, and neck complaints, furthermore, also add to the considerable lack of diagnostic clarity present here. Therefore, the request is not medically necessary.

Right Carpal Tunnel Release Qty: 1.00: 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: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 270: "CTX must be approved by positive findings on clinical examination and diagnosis should be supported by nerve-conduction test before surgery is undertaken." ACOEM goes on to note that moderate or severe carpal tunnel syndrome with normal electrodiagnostic testing is very rare. In this case, the applicant has not had positive electrodiagnostic testing, it is acknowledged. Earlier electrodiagnostic testing of October 15, 2013 was negative. The multifocal nature of the applicant's complaints, allegations of cumulative trauma, reports of depression, etc., taken together, all imply a considerable lack of diagnostic clarity. Therefore, the request is not medically necessary.

Labs (Hemoglobin HGB/Urine Pregnancy) Qty :1.00: 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 Other Medical Treatment Guideline or Medical Evidence: <http://emedicine.medscape.com/article/285191->

Decision rationale: The MTUS does not address the topic. However, as noted by Medscape, abnormal hemoglobin has very low predictive values and often results in further unnecessary workup and delays in surgery. Medscape goes on to note that hemoglobin levels are typically necessary in applicants who undergo major surgery with significant expected blood loss. In this case, the proposed surgeries, namely carpal tunnel release surgery and cubital tunnel release surgery, were not expected to have resulted in any major blood loss. It is further noted that both procedures were deemed not medically necessary. Therefore, the derivative or companion request for preoperative laboratory hemoglobin and urine pregnancy testing is likewise not medically necessary.

Post Op Physical Therapy Qty:12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: While Postsurgical Treatment Guidelines in MTUS 9792.24.3 do support three to eight sessions of postoperative therapy for carpal tunnel syndrome and 20 sessions of treatment following cubital tunnel release surgery, in this case, the primary request for the surgical procedure in question had been deemed not medically necessary, above. Therefore, the derivative or companion request for postoperative physical therapy is likewise not medically necessary.