

Case Number:	CM14-0181524		
Date Assigned:	11/06/2014	Date of Injury:	05/06/2008
Decision Date:	12/09/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	10/31/2014

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 Orthopedic Surgery 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:

This 36-year-old female sustained an industrial injury on 5/6/08. The mechanism of injury was not documented. Past surgical history was positive for C4-C6 anterior cervical discectomy and fusion in 2011, and two shoulder surgeries. Past medical history was positive for depression, morbid obesity, and diabetes. The 10/14/14 electrodiagnostic study report cited subjective complaints of numbness over the entire upper arms, weakness and trouble grasping objects, and occasionally dropping things. The injured worker reported her arms felt like they were asleep all the time, and it was worse with use. The numbness and tingling woke her up at night. She had some neck pain. Physical exam documented no significant atrophy in the thenar or hypothenar eminence, intact median, ulnar, and radial sensation, negative Tinel's at the wrist, positive Phalen's sign at 30 seconds, fair grip strength, and negative Spurling's test. There was electrodiagnostic evidence consistent with moderately severe left carpal tunnel syndrome, mild right carpal tunnel syndrome, and mild right sided C5/6 cervical radiculopathy. Ulnar nerve sensory and motor studies were within normal limits. The testing physician opined that electrodiagnostic findings did not explain her diffuse symptoms and recommended consideration of a cervical Computed Tomography (CT) scan and follow-up electrodiagnostic studies in 12 to 16 weeks to assess for advancing cervical radiculopathy. The 10/21/14 treating physician report cited bilateral wrist pain and numbness, rated 10/10. Pain was worse with use. Treatment had included x-rays and Electromyography (EMG). Physical exam documented bilateral posterior elbow tenderness, full active range of motion, 5/5 elbow strength, 4th and 5th finger numbness, and weakness of the first dorsal interosseous. The carpal tunnel was tender, Tinel's was positive, and radial pulse was palpable. Medications included topical creams, ibuprofen, and Norco. The diagnosis was severe bilateral cubital and carpal tunnel syndrome, left worse than right, and C6 radiculitis. The treating physician reported that EMG was negative for cubital tunnel but very

clinically positive. She had failed conservative treatment. The treatment plan requested authorization for left cubital tunnel and carpal tunnel release. The 10/28/14 utilization review denied the left cubital and carpal tunnel release and associated requests based on lack of documented full exhaustion of conservative treatment modalities, physical examination findings, and electrodiagnostic studies supporting diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Cubital and Carpal 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 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 36-37; 270.

Decision rationale: The California MTUS guidelines state that "carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken." Criteria include failure to respond to conservative management, including worksite modification. MTUS guidelines state that "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." A decision to operate requires significant loss of function, as reflected in significant activity limitations due to the nerve entrapment and that the patient has failed conservative care, including full compliance in therapy, 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 prolonged elbow flexion while sleeping. Absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. Guideline criteria have not been met. Although the treating physician has reported failure of conservative treatment, evidence of 3 to 6 months of comprehensive guideline-recommended non-operative treatment protocol trial and failure has not been submitted. There is no positive electrodiagnostic evidence and limited physical exam evidence to support the medical necessity of cubital tunnel release surgery.

Associated Surgical Service: Post-Operative Physical Therapy: 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.

Associated Surgical Service: Venapro for DVT Prevention: 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.