

Case Number:	CM14-0211749		
Date Assigned:	12/22/2014	Date of Injury:	12/18/2009
Decision Date:	02/23/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: Illinois

Certification(s)/Specialty: Orthopedic 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 71-year-old male who reported an injury on 12/18/2009. The mechanism of injury was not provided. On 10/07/2014, the injured worker presented with left wrist pain. It was also stated that he had residual left elbow pain noted. Diagnoses were left wrist carpal tunnel release, left elbow lateral epicondylitis, and left knee osteoarthritis. Examination of the left wrist noted a clean, dry, and intact wound. He had a negative Tinel's and negative Phalen's test. Examination of the left knee revealed medial and lateral joint line tenderness. There was catching, locking, and giveaway of the left knee. He was administered a left elbow cortisone injection. The provider stated a recommendation of 6 physical therapy sessions as he recovers from his wrist carpal tunnel release. The provider recommended a left carpal tunnel release and right lateral epicondyle release. A Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Carpal Tunnel Release and Right Lateral Epicondyle 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): 270-271.

Decision rationale: The request for left carpal tunnel release and right lateral epicondyle release is not medically necessary. The documentation submitted for review noted subjective complaints of left wrist and left elbow pain. Examination revealed left wrist mild flexor tendon weakness and extensor tendon weakness. There was weakness with left wrist grip strength noted. However, there was no evidence of an electrodiagnostic study or previous conservative treatment. There was no evidence of nocturnal symptoms or a flick sign. The provider stated that the patient had a negative Phalen's and negative Tinel's. Furthermore, there is no documentation of a rationale that identifies the medical necessity for performing concurrent surgical procedures. The clinical documents submitted for review note that the patient previously underwent a left Carpal Tunnel Release and a left elbow surgery previously for lateral epicondylitis. As such, medical necessity has not been established.

Associated surgical Services-Twelve sessions of Physical Therapy post op: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Elbow Chapter

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 Services- Post-Op Cold Therapy Unit Rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Standardized combined cryotherapy and compression using Cryo.Cuff after wrist arthroscopy. Knee Surg Sports Traumatol Arthrosc. 2011 Feb;19 (2): 314-9 doi:10.1007/s00167-010-1280-4.Epub2010 Oct7

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 Services- Post-Op Arm Sling: 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.