

Case Number:	CM15-0011543		
Date Assigned:	01/29/2015	Date of Injury:	06/17/2003
Decision Date:	03/25/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/21/2015

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: Illinois, California, Texas
 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 59-year-old female, who sustained an industrial injury on 05/22/00. Past surgical history was positive for bilateral shoulder subacromial decompressions, bilateral carpal tunnel and ulnar nerve decompression, right re-do shoulder surgery, bilateral lateral epicondylitis surgery, and re-do decompression of the left ulnar nerve at the wrist and elbow on 7/14/11. The 8/13/14 electrodiagnostic study documented right median and ulnar motor and sensory conduction within normal limits. There was evidence of moderate left ulnar neuropathy at the wrist, and borderline left median neuropathy. The 12/1/14 treating physician report cited continued neck stiffness and pain radiating to the right shoulder and arm associated with numbness, tingling and weakness. Objective physical examination findings were notable for persistent paracervical tenderness, tenderness over the left transposed ulnar nerve and Guyon's canal, pressure provocative testing over the transposed ulnar nerve of the left arm, positive Tinel's and Phalen's sign of the left wrist, and dysesthesias of the ring and small fingers of the left hand. The injured worker's symptoms were noted to substantially limit her ability to perform activities of daily living and that she wanted to proceed with additional surgical management. A request for redo right carpal tunnel and ulnar nerve surgery, post-operative occupational therapy, Norco, Prednisone and Zofran was made. On 01/13/2015, Utilization Review non-certified a request for redo right carpal tunnel and ulnar nerve decompression, noting that there was no clear cut evidence of recurrent right upper extremity cubital and carpal tunnel syndrome, and as the surgery was not medically necessary, the requests for post-operative occupational therapy, post-

operative Norco, post-operative Prednisone and post-operative Zofran were also not recommended. MTUS, ACOEM and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Redo right carpal tunnel and ulnar nerve decompression at Guyon's canal with biofilm wrapping of the median nerve and ulnar fat flap transfer: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Chapter, Cubital tunnel syndrome (ulnar nerve entrapment)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Carpal tunnel syndrome, Carpal tunnel release surgery (CTR) Forearm, Wrist & Hand: Guyon's canal syndrome surgery

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. The Official Disability Guidelines recommend Guyon's canal syndrome surgery after 6 months of conservative treatment. Criteria include symptoms (pain/numbness/paresthesia/impaired dexterity), findings by clinical exam, and initial treatment including 3 of the following: activity modification, wrist splinting, anti-inflammatory medication, and home exercise after initial physical therapy/occupational therapy training. Guideline criteria have not been met. This patient presents with neck pain radiating into the right shoulder and arm associated the numbness, tingling, and weakness. There is no current clinical exam of the right upper extremity found in the records. Electrodiagnostic findings relative to the right upper extremity are within normal limits. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, relative to the right upper extremity, and failure has not been submitted. Therefore, this request is not medically necessary

Post-Operative Occupational Therapy 3 times per week for 3 weeks: 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 Page(s): 15-16, 22.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Post-Operative Norco 10/325mg #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Post-Operative Prednisone 10mg #5: 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 Hand, wrist, and forearm disorders not including carpal tunnel syndrome. In: Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 1-188.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Post-Operative Zofran 8mg #10: 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 Practice guidelines for postanesthetic care: an updated report by the American Society of Anesthesiologists Task Force on Postanesthetic Care. Anesthesiology. 2013 Feb;118(2):291-307

Decision rationale: As the surgical request is not supported, this request is not medically necessary.