

Case Number:	CM15-0118070		
Date Assigned:	06/26/2015	Date of Injury:	10/30/2014
Decision Date:	07/28/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/18/2015

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: Montana, Oregon, Idaho
 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 64 year old female, who sustained an industrial injury on 10/30/2014. On provider visit dated 04/08/2015 the injured worker has reported left wrist pain, elbow pain and left hand numbness and tingling. On examination of the left elbow/forearm revealed tenderness to palpation along the course of the ulnar nerve and to a lesser degree on direct compression to the lateral epicondyle, painful range of motion. Sensation was decreased to ulnar digits and positive ulnar nerve Tinel sign, positive elbow flexion test with paresthesia. Left hand /wrist were noted to have mild swelling noted and volar wrist region tenderness was noted. Painful range of motion was noted as well. Positive Tinel's sign, Phalen's and carpal tunnel compression test was noted. The diagnoses have included cubital tunnel syndrome, carpal tunnel syndrome, strain/sprain left carpal tunnel syndrome and strain/sprain left elbow. Treatment to date has included medication. Electromyogram/nerve conduction study on 03/04/2015 revealed a normal electromyogram and nerve conduction velocities in left arm. The provider requested left ulnar release with medial epicondylectomy, one left wrist endoscopic versus open carpal tunnel release and twelve sessions of post-operative physical therapy for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ulnar nerve release with medial epicondylectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35.

Decision rationale: CA MTUS/ACOEM Elbow chapter, page 35 recommends a minimum of 3-6 months of conservative care prior to contemplation of surgical care. In this case there is insufficient evidence of failure of conservative care to warrant a medial epicondylar release because there is no documentation of failure of an exercise program. There is no documentation of functional range of motion deficits. On 4/20/2015, she was documented to have full active and passive range of motion of her elbow. The electrophysiological testing performed on 3/4/2015 did not demonstrate any conduction abnormalities of the left median or ulnar nerves. Therefore, the request for left ulnar nerve release with medial epicondylectomy is not medically necessary.

One left wrist Endoscopic versus open carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and stratifies success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case, there is lack of evidence in the records from 3/4/15 of electrodiagnostic evidence of carpal tunnel syndrome. An MRI of the left wrist on 1/15/15 does not demonstrate any space occupying lesions compressing the median nerve. In addition, there is lack of evidence of failed therapy or injections in the records on 4/8/15. Therefore, the request is not medically necessary.

Twelve sessions of post operative physical therapy for the left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.