

Case Number:	CM15-0129003		
Date Assigned:	07/20/2015	Date of Injury:	01/11/2015
Decision Date:	08/18/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/02/2015

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: Oregon
 Certification(s)/Specialty: Plastic 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:

This injured worker is a 21-year-old female who reported an industrial injury on 1/11/2015. Her diagnoses, and or impression, were noted to include: right arm cubital tunnel syndrome; right wrist carpal tunnel syndrome; right shoulder pain/sprain/strain; right ulnar nerve lesion; and to-be-determined shoulder joint pain. Positive nerve studies were stated to have been done on 2/6/2015; and median nerve studies. Her treatments were noted to include consultation; diagnostic studies; wrist brace; a qualified medical evaluation on 5/9/2015; and modified work duties. The progress notes of 3/2/2015 reported complaints which included numbness to the right upper extremity, elbow. Objective findings were noted to include obesity; positive Tinel's sign on the right cubital tunnel; a quite typical paresthesia and numbness on the right ring and little fingers; and slight interosseous weakness with no intrinsic muscle weakness. The physician's requests for treatments were for conservative treatment, however, she felt quite strongly that her symptoms were severe and that she would rather proceed with right endoscopic carpal tunnel surgery and post-operative physical therapy for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Endoscopic Carpal Tunnel Release and In Situ Ulnar Release Elbow: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The carpal tunnel release is medically necessary. According to the ACOEM guidelines, Chapter 11, page 270, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken." This patient has significant symptoms of carpal tunnel syndrome, an exam consistent with carpal tunnel syndrome and positive electrodiagnostic studies for median nerve compression. Per the ACOEM guidelines, carpal tunnel release is medically necessary. According to the ACOEM guidelines, Chapter 10 page 240, "Surgery for ulnar nerve entrapment is indicated after establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. A decision to operate presupposes that a significant problem exists, as reflected in significant activity limitations due to the specific problem and that the patient has failed conservative care, including 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 elbow flexation while sleeping." The patient meets these guidelines with positive nerve tests, significant symptoms and the failure of medical care including stretching and avoidance of pressure on her ulnar nerve. The request is medically necessary.

Post-Operative Physical Therapy twice (2) a week for six (6) weeks for the Right Wrist (12 visits): Overturned

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): 16.

Decision rationale: Per MTUS, post surgical guidelines: Cubital tunnel release [DWC]: Postsurgical treatment: 20 visits over 3 months. Postsurgical physical medicine treatment period: 6 months. The request for 12 visits is consistent with the guidelines. The request is medically necessary.