

<b>Case Number:</b>	CM15-0177708		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	03/11/2013
<b>Decision Date:</b>	11/17/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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:

This injured worker is a 55-year-old female who sustained an industrial injury on 3/11/13. Injury was reported relative to repetitive work duties as an office manager. The 8/19/14 EMG/NCV studies documented electrodiagnostic evidence of bilateral sensory median mononeuropathy at both wrist, characterized as mild carpal tunnel syndrome bilaterally and no evidence of polyneuropathy. The 8/6/15 treating physician report cited ongoing bilateral cubital tunnel syndrome symptoms. She had significant paresthesia and pain over the bilateral radial tunnels. Symptoms woke her at night and occasionally interfered with activities of daily living. Physical exam documented tenderness over the cubital tunnel with positive Tinel's and flexed elbow compression test. There was no first dorsal interossei weakness or atrophy noted. There was tenderness over the bilateral radial tunnels and pain with resisted wrist extension, middle finger extension and forearm supination. Treatments to date included 12 sessions of therapy, medication, splinting, activity modification, and home exercise program. Electrodiagnostic studies from 2014 confirmed bilateral cubital tunnel syndrome and early bilateral carpal tunnel syndrome. The treatment plan recommended right carpal tunnel release. Authorization was also requested for 12 sessions of post-op certified hand therapy and one comprehensive history and physical. The 8/26/15 utilization review non-certified the request for 12 sessions of post-op certified hand therapy and one comprehensive history and physical as the associated cubital tunnel release was not found medically necessary. The 8/31/15 treating physician appeal letter stated that the injured worker had persistent significant paresthesias that woke her at night and interfered with activities of daily living in spite of elbow splinting, activity modification, home

exercise, therapy, and anti-inflammatories. Physical exam documented tenderness over the cubital tunnel with positive Tinel's and flexed elbow compression test. Electrodiagnostic had confirmed bilateral cubital tunnel syndrome. There were significant restrictions consistent with objective evidence of nerve entrapment corroborated by electrodiagnostic studies that met guideline criteria for cubital tunnel release. The 9/25/15 upper extremity EMG/NCV documented electrodiagnostic evidence of mild right cubital tunnel syndrome. The submitted records indicated that the right cubital tunnel release was certified in utilization review on 9/28/15 along with 10 post-operative hand therapy sessions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **12 sessions of post-op hand therapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for cubital tunnel release support 20 visits over 10 weeks during the 6 month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 10 visits. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Initial post-operative certified hand therapy would be reasonable and supported for 10 visits consistent with guidelines. Records indicate that post-operative therapy has been certified along with surgery for 10 initial visits. There is no compelling rationale to support additional treatment at this time, pending completion of initial therapy and documentation of functional improvement. Therefore, this request is not medically necessary at this time.

#### **One (1) comprehensive history and physical: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

**Decision rationale:** The California Official Medical Fee Schedule states that, under most circumstances, including ordinary referrals, the immediate preoperative visit in the hospital or elsewhere necessary to examine the patient, complete the hospital records, and initiate the

treatment program is included in the listed value for the surgical procedure. There is no compelling reason to support the medical necessity of a separate certification for the comprehensive history and physical which is part of the pre-operative process. There are no significant co-morbidities documented. Therefore, this request is not medically necessary.