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| <b>Case Number:</b>   | CM15-0061817 |                              |            |
| <b>Date Assigned:</b> | 04/07/2015   | <b>Date of Injury:</b>       | 05/11/2007 |
| <b>Decision Date:</b> | 05/13/2015   | <b>UR Denial Date:</b>       | 03/05/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/01/2015 |

### 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: California

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

### 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 was a year 48 old male, who sustained an industrial injury, May 11, 2007. The injured worker previously received the following treatments Tramadol, Gabapentin, Omeprazole, Dilaudid, Cymbalta, Lidoderm Patches, Triazolam, laboratory studies and right shoulder steroid injection. The injured worker was diagnosed with multiple surgeries right hand, wrist and shoulder resulting in complex regional pain syndrome, history of ulnar involvement, positive diagnostic studies on electrodiagnostic studies, status post carpal tunnel release with wrist arthroscopic ulnar shortening osteotomy, status post right shoulder surgery times 2 and decompression surgeries times 2. According to progress note of March 31, 2015, the injured workers chief complaint was right shoulder pain with numbness in the right hand. The injured worker rated the pain 8 out of 10 without pain medication and 4 out of 10 with pain medication; 0 being no pain and 10 being the worse pain. The physical exam noted the right shoulder with flexion of 70-80 percent, abduction of 65-70 percent. The supraspinatus stress test is positive. Neer's test was positive. There was tenderness with palpation over the anterior and anterolateral aspect of the right shoulder. There was also, tenderness over the right trapezius with myospasms. The treatment plan included exploration of right ulnar nerve, external and internal neurolysis of the right ulnar nerve with possible grafting and wrapping, medical clearance for surgery and preoperative laboratory studies and EKG (Electrocardiography).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Exploration of the right ulnar nerve, external and internal neurolysis of the right ulnar nerve with possible dual nerve grafting, possible wrapping with Integra neuro wrap and hardware removal:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse, Complex regional pain syndrome/reflex sympathetic dystrophy medical treatment guidelines, Bibliographic Source(s), Colorado Division of Workers' Compensation. Complex regional pain syndrome/reflex sympathetic dystrophy: medical treatment guidelines. Denver (CO): Colorado Division of Workers' Compensation; 2011 Dec 27, page 107.

**Decision rationale:** In this case, the injured worker reports diffuse symptoms of many years duration attributed to complex regional pain syndrome believed by treating physicians to have been caused by prior surgeries. He has undergone multiple failed surgeries including 2 failed surgeries on his shoulder. The treating pain physician notes that the injured worker is, "status post multiple surgeries on the right hand, wrist and shoulder resulting in CRPS" and has, "significant underlying psychiatric conditions for which the patient is under psychiatric care." A January 27, 2015 qualified medical evaluator notes symptoms in the neck, shoulder and right arm including around the elbow, wrist and hand as well as in the left upper extremity. Complex regional pain syndrome remains poorly understood, but surgery is a well-accepted triggering factor and the multiple surgeries in this case are a probable contributing factor as noted by multiple treating physicians. Scientific support for surgical treatment of complex regional pain syndrome is poor and the records reviewed are not suggestive of a specific nerve injury being the principal cause in this case. Rather, July 8, 2014 and December 26, 2014 electrodiagnostic testing is completely inconsistent with one or the other test suggesting mild median neuropathy at the wrist, mild ulnar neuropathy at the wrist, mild ulnar neuropathy at the elbow or none of those conditions. It is medically unlikely that yet another surgery will result in substantial lasting improvement of the injured worker's diffuse symptoms and objective functional benefit such as return to work or decreased reliance on prescription medications. It is certain that further surgery will result in additional pain in the short term and possibly long-term aggravation of symptoms. It is probable that symptoms will persist and the injured worker will have been subjected to yet another failed surgery. Therefore, this request is not medically necessary.

**Medical clearance for surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Noncardiac Surgery: Guidelines and Recommendations Molly A. Feely, MD; C. Scott Collins, MD; Paul R. Daniels,

MD; Esayas B. Kebede, MD; Aminah Jatoi, MD; and Karen F. Mauck, MD, MSc, Mayo Clinic, Rochester, Minnesota, Am Fam Physician. 2013 Mar 15; 87(6):414-418.

**Decision rationale:** An extensive systematic review referenced above concluded that there was no evidence to support routine preoperative testing. More recent practice guidelines recommend testing in select patients guided by a perioperative risk assessment based on pertinent clinical history and examination findings, although this recommendation is based primarily on expert opinion or low-level evidence. In this case, there is no documented medical history to support the need for the requested evaluation; rather, records indicate the injured worker has undergone multiple surgical procedures without medical or anesthetic complications. Therefore, the request is not medically necessary.

**Pre-operative labs and an EKG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Noncardiac Surgery: Guidelines and Recommendations Molly A. Feely, MD; C. Scott Collins, MD; Paul R. Daniels, MD; Esayas B. Kebede, MD; Aminah Jatoi, MD; and Karen F. Mauck, MD, MSc, Mayo Clinic, Rochester, Minnesota, Am Fam Physician. 2013 Mar 15; 87(6):414-418.

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