

Case Number:	CM15-0063618		
Date Assigned:	04/09/2015	Date of Injury:	10/02/2013
Decision Date:	05/20/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/03/2015

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: Minnesota, Florida
 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 25-year-old female with a date of injury of 10/2/2013. Per primary treating physicians orthopedic spine surgery narrative progress report dated 2/3/2015 she was complaining of right neck pain with pressure type sensation in the right side of face, numbness and blurred vision. Her symptoms were rated 8/10 with medication and 10/10 without medication. She was complaining of right shoulder pain which was also 8/10 with medication and 10/10 without medication. She was complaining of right elbow pain which was 8/10 with medication and 10/10 without medication. She had complaints of right wrist pain radiating into the right hand and fingers which was rated 8/10 with medication and 10/10 without medication. She was taking ibuprofen, Zanaflex, Medrol, and Ultram. Examination of the elbows revealed tenderness over the lateral epicondyles and Tinel's over the right cubital tunnel. Examination of the wrists revealed tenderness over the right first dorsal compartment. There was a positive grind test, right first CMC joint, positive Tinel's and compression test over the right carpal tunnel. On 3/19/2014 EMG and nerve conduction studies of the upper extremities were reported to be normal. An MRI scan of the right wrist dated 3/20/2014 revealed a mild degree of effusion, fluid in the distal radioulnar joint, 5 mm cysts versus pseudocyst in the region of the ulnar styloid recess, 2 mm ulnar variance, 2 mm cyst in each of the proximal and distal poles of the lunate and 2 mm cyst in the triquetrum, 2 mm cysts in the lateral and medial aspects of the capitate. A repeat EMG and nerve conduction study dated 12/3/2014 was reported to show a right ulnar neuropathy and mild left ulnar neuropathy and bilateral carpal tunnel syndrome. An MRI scan of the right shoulder dated 2/12/2015 revealed a mild bursitis and a somewhat low-

lying acromion but no evidence of rotator cuff tear or retraction. An AME of 10/24/2014 opined that she had reflex sympathetic dystrophy requiring medication and pain management with stellate ganglion blocks. The EMG report dated March 19, 2014 is noted. The sensory latency of the right median nerve was 2.90ms and the left median nerve 2.95ms at the wrist. The motor distal latency of the right median nerve was 3.0 ms and the left median nerve also 3.0 ms. The impression was no evidence of carpal tunnel syndrome or ulnar neuropathy in bilateral upper extremities. There was no evidence of cervical radiculopathy. The electro diagnostic study of 12/3/2014 has not been submitted. According to the progress notes there was evidence of right ulnar neuropathy, mild left ulnar neuropathy, and bilateral carpal tunnel syndrome. This diagnosis does not explain the pain in the cervical spine and in the shoulder which was said to be 10/10 in addition to the elbow and wrist pain. The sensation was reported to be decreased over the C6, C7, and C8 dermatome distribution. Examination also revealed tenderness over the first dorsal extensor compartment, positive grind test right first CMC joint and positive Tinel's and compression test, right carpal tunnel. A request for a right carpal tunnel release and cubital tunnel release was noncertified by utilization review. CA MTUS and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release and right cubital tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 118, 119, 121, 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow procedure summary online version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263, 270, 18, 19, 37.

Decision rationale: California MTUS guidelines indicate surgical decompression of the median nerve usually relieves carpal tunnel syndrome symptoms. High-quality scientific evidence shows success in the majority of patients with an electro diagnostically confirmed diagnosis of carpal tunnel syndrome. Patients with the mild symptoms display the poorest post surgery results. Patients with moderate or severe carpal tunnel syndrome have better outcomes from surgery than splinting. Carpal tunnel syndrome must be proved by positive findings on clinical examination and diagnosis should be supported by nerve conduction tests before surgery is undertaken. In this case the symptoms are severe and involve the neck and the shoulder, elbow, wrist and hand with a pain level of 10/10. The diagnosis of complex regional pain syndrome was entertained by the AME examiner and a stellate ganglion block was suggested. The diagnosis of cubital tunnel syndrome and carpal tunnel syndrome is in doubt. The first nerve conduction study did not show any abnormality. The second study did show evidence of cubital tunnel syndrome and carpal tunnel syndrome per progress notes but the electro diagnostic study has not been submitted. There is no Katz hand diagram, abnormal Semmes Weinstein test, night pain and Flick sign reported. Although a Tinel's sign and Phalen's sign and positive median nerve compression test is reported, static 2 point discrimination greater than 6 mm is not reported. And Injection of carpal tunnel as a diagnostic test has also not been done. As such, the diagnosis has not been confirmed and the request for a right carpal tunnel release is not supported. With respect

to the cubital tunnel syndrome, the guidelines indicate that surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with the clinical findings. A decision to operate requires significant loss of function as reflected in significant activity limitations due to the nerve entrapment and that the patient has failed conservative care, including full compliance in therapy, use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, work station changes if applicable, and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. Absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. The documentation submitted does not indicate 3-6 months of the conservative care for the elbow. Furthermore, the electro diagnostic study has not been submitted. A diagnosis of complex regional pain syndrome has been suggested. In light of the foregoing, the request for the cubital tunnel release is not supported and the medical necessity of the request has not been substantiated.

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preoperative testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263, 270, 18, 19, 37.

Decision rationale: Since the primary surgical procedures are not medically necessary, none of the associated surgical requests are medically necessary.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic surgeons.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263, 270, 18, 19, 37.

Decision rationale: Since the primary surgical procedures are not medically necessary, none of the associated surgical requests are medically necessary.