MAXIMUS Federal Services

Case Number:	CM15-0064013		
Date Assigned:	04/10/2015	Date of Injury:	07/19/2011
Decision Date:	05/13/2015	UR Denial Date:	04/02/2015
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: 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:

The injured worker is a 60-year-old male who sustained an industrial injury on 7/19/11, due to a bicycle accident. He underwent C5/6 anterior cervical discectomy and fusion on 7/19/11. The 7/22/14 EMG/NCV documented development of focal slowing of the ulnar nerve conduction at the right elbow. Physical therapy was prescribed. The 1/8/15 neurosurgical report documented persistent weakness and paresthesias due to the C5/6 disc rupture with significant compression of the spinal cord. He reported paresthesias, pain and edema in the bilateral hands, digits 3-5, right worse than left. He noticed hand stiffness first thing in the morning and swelling with increasing activity. Physical exam documented full range of motion of the digits, wrist, and elbows with 5/5 strength throughout. There were no positive provocative tests. The 3/9/14 cervical MRI showed a C6/7 disc herniation with right greater than left foraminal stenosis. The neurosurgeon opined adjacent segment disease at C6/7. An EMG/nerve conduction study was requested. The 3/25/15 treating physician report cited worsening grade 6-7/10 pain and sensitivity in both hands, digits 3-5. Medications reduced pain to grade 5-6/10. Functional difficulty was noted in most daily chores. Physical exam documented grip strength 3/5 right and 4/5 left, positive Tinel's over the Guyon and cubital tunnels, right intrinsic weakness 2+/5, left upper extremity hyperalgesia, and allodynia over the right ulnar distribution. The 7/22/14 nerve conduction study documented cubital tunnel syndrome. The treatment plan recommended referral to hand surgeon. The 4/2/15 utilization review non-certified the request for re-evaluation regarding cubital tunnel release as there was no electrodiagnostic evidence of cubital tunnel syndrome or current clinical subjective or objective information to support this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation re: cubital tunnel release: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127.

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

Decision rationale: The California MTUS guidelines state that referral for hand surgery consultation may be indicated for patients who have red flag conditions of a serious nature, fail to respond to conservative treatment management, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short- and long-term, from surgical intervention. Guideline criteria have been reasonably met. This injured worker presents with significant pain and functional limitation that has not responded to physical therapy, activity modification, and medications. There is clinical exam evidence of significant weakness, and positive provocative testing. Electrodiagnostic was positive for cubital tunnel syndrome. Specialist referral is reasonable as the treatment plan may benefit from additional expertise. Therefore, this request is medically necessary.