MAXIMUS Federal Services

Case Number:	CM15-0068600		
Date Assigned:	04/16/2015	Date of Injury:	08/01/2011
Decision Date:	06/05/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/10/2015

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, Indiana, Oregon
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 43 year old female, who sustained an industrial injury on August 1, 2011. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having recurrent left carpal tunnel syndrome and status post anterior transposition of the left ulnar nerve. Diagnostic studies to date have included x-rays and two sets of electromyography/nerve conduction studies. The most recent electromyography/nerve conduction study done on June 19, 2014, revealed worsening ulnar neuropathy. Treatment to date has included activity modifications, physical therapy, pain medication, and non-steroidal anti-inflammatory medication. On March 6, 2015, the injured worker complains of pain around the medial elbow with numbness, tingling, and burning in the small and ring fingers. She complains of pain and numbness at night, and swelling around the elbow. The treating physician notes she has tried without improvement: activity modifications, physical therapy, and medications. She is working without restrictions. The physical exam revealed a well-healed surgical incision along the medial aspect of the left elbow, no left hand muscle atrophy, and full Rom of the elbow, wrist, and hand. There was a full composite grid, Semmes'-Weinstein monofilament testing threshold = 2.83, and normal, strength in the extensor pollicis longus muscle, abductor pollicis brevis, and first dorsal interosseous muscles. The treatment plan includes neurolysis versus revision left ulnar nerve transposition. The requested treatments are neurolysis versus revision left ulnar nerve transposition, pre-op electrocardiogram/lab, and 6 sessions of post-op occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurolysis vs revision left ulnar nerve transportation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-06.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow.

Decision rationale: CA MTUS/ACOEM Elbow Complaints Chapter 10 (2007 supplement) page 18 states that focused NCS/EMG with "inching technique" is required for the accurate diagnosis of cubital tunnel syndrome. There is evidence on sequential EMG from 12/5/13 to 6/19/14 of worsening ulnar nerve pathology. CA MTUS/ACOEM is silent on the issue of surgery for cubital tunnel syndrome. According to the ODG, Elbow section, Surgery for cubital tunnel syndrome, indications include exercise, activity modification, medications and elbow pad and or night splint for a 3-month trial period. In this case there is evidence in the record from 3/6/15 and prior of a conservative treatment plan of padding, NSAIDs and activity modification. ODG favor simple decompression, but finds transpositions equally effective. Based on the above, the requested treatment as a neurolysis (or simple decompression) or transposition is medically necessary.

Preoperative EKG (electrocardiogram)/Lab: 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-TWC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states these investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 43 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the determination is not medically necessary.

Postoperative occupational therapy, #6: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 16.

Decision rationale: CA MTUS/Postsurgical treatment guidelines, Elbow and Upper Arm, Cubital tunnel release, page 16 recommends 20 postoperative visits over a 3-month period. It recommends initially of the 20 visits initially. In this case, the request is in keeping with guidelines and is medically necessary.