MAXIMUS Federal Services

Case Number:	CM15-0070855		
Date Assigned:	04/20/2015	Date of Injury:	07/07/2011
Decision Date:	05/19/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/14/2015

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 is a 42 year old male, who sustained a crush injury to his left hand on 7/7/11. He reports pain and numbness in both upper extremities and around the right shoulder. Evaluation has included August 26, 2014 electrodiagnostic testing reportedly suggestive of bilateral median and bilateral ulnar neuropathy (actual test results not provided for review), December 10, 2014 shoulder MRI demonstrating partial rotator cuff tearing and a surgical anchor from prior rotator cuff repair, and January 21, 2015 MRI of the hand demonstrating no evidence of muscle denervation, no atrophy and no abnormality along the neurovascular structures. Treatment has included injections, ketoprofen, Vicoprofen, Zipsor, right shoulder surgery, left carpal tunnel syndrome release on 5/2/13 and left sagittal band reconstruction, radial side MCP on 6/7/12. Impressions include left wrist crush injury, left sagittal band rupture status post reconstruction with persistent pain, left carpal tunnel syndrome status post left carpal tunnel release with persistent symptoms, left cubital tunnel syndrome, right rotator cuff injury status post arthroscopy with persistent symptoms, right shoulder rotator cuff tear, right shoulder biceps tendinitis, right carpal tunnel syndrome, right cubital tunnel syndrome, multifactorial pain syndrome. As of the PR2 dated 4/7/15, the injured worker reports pain in his left hand. He reports difficulty with pinching, pulling and grasping activities. The treating physician noted that the injured worker had tried and failed conservative therapies. The treating physician requested a left revision open carpal tunnel release with median neuralysis and a microscope ulnar-sided fat graft, left situ ulnar nerve release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left revision open carpal tunnel release with median neurodysis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, treatment Page(s): 41. Decision based on Non-MTUS Citation J Hand Surg Am. 1991 Mar;16(2): 211-8. Internal neurolysis fails to improve the results of primary carpal tunnel decompression. Mackinnon SE1, McCabe S, Murray JF, Szalai JP, Kelly L, Novak C, Kin B, Burke GM.

Decision rationale: In this case, the history is inconsistent with the given diagnosis. There is a history of a specific hand crush injury in 2011 which does not cause compressive neuropathy at the elbow or in the opposite arm. The records suggest there was evidence of median and ulnar neuropathy in both arms which cannot be related to the reported injury and must be considered an incidental finding. Symptoms are diffuse and treatment to date including 3 surgeries has failed. Carpal tunnel surgery was performed and failed. Repeat surgeries for the same symptoms in the setting of prior failed surgery have progressively greater failure rates. There is no scientific support for internal neurolysis for compressive neuropathy. It is medically improbable that the proposed surgery will result in substantial functional improvement such as return to work or decreased reliance on prescription medications. Therefore, the request is determined to be not medically necessary.

Microscope ulnar-sided fat graft, left situ ulnar nerve release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, treatment Page(s): 41.

Decision rationale: In this case, the history is inconsistent with the given diagnosis. There is a history of a specific hand crush injury in 2011, which does not cause compressive neuropathy at the elbow or in the opposite arm. The records suggest there was evidence of median and ulnar neuropathy in both arms which cannot be related to the reported injury and must be considered an incidental finding. Symptoms are diffuse and treatment to date including 3 surgeries has failed. Repeat surgeries for the same symptoms in the setting of prior failed surgery have progressively greater failure rates. It is medically improbable that the proposed surgeries will result in substantial functional improvement such as return to work or decreased reliance on prescription medications. Therefore, the request is determined to be not medically necessary.