

Case Number:	CM15-0091151		
Date Assigned:	05/15/2015	Date of Injury:	10/02/2013
Decision Date:	06/25/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/12/2015

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 25 year old female, who sustained an industrial injury on 10/02/2013. She has reported subsequent head, neck, upper back, right shoulder, elbow, hand and wrist pain and was diagnosed with cervical strain, right cervical radiculopathy, right shoulder impingement syndrome, right deQuervain's tenosynovitis, bilateral carpal tunnel syndrome and right cubital tunnel syndrome. Evaluation has included MRI of the cervical spine, shoulder and wrist and bilateral upper extremity electrodiagnostic testing. Treatment to date has included oral pain medication, a home exercise program and splinting. In a progress note dated 03/17/2015, the injured worker complained of neck pain radiating to the right shoulder and right upper extremity with numbness and weakness. Other reported symptoms include facial pain and blurred vision. On exam there was noted to be tenderness over the distal radius and ulna of the wrists, decreased sensation over the median, ulnar and radial nerves and positive Tinel's sign over the carpal tunnel at the wrist. A request for authorization of carpal and cubital tunnel release and pre-operative medical clearance was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-270.

Decision rationale: In this case, a majority of the reported symptoms such as severe neck, upper back and facial symptoms, cannot be attributed to carpal tunnel syndrome or compressive median neuropathy at the wrist. March 19, 2014 electrodiagnostic testing revealed no evidence of carpal tunnel syndrome rather the distal median motor and sensory conduction velocities were well within accepted normal limits. Neither the subjective or objective findings documented in the records reviewed support a clinical impression of carpal tunnel syndrome. There is no reasonable expectation of substantial functional improvement such as return to work or decreased reliance on prescription medications with carpal tunnel release surgery. The request is not medically necessary.

Right cubital tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel release.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 18-19.

Decision rationale: In this case, a majority of the reported symptoms such as severe neck, upper back and facial symptoms, cannot be attributed to cubital tunnel syndrome or compressive ulnar neuropathy at the inner elbow. March 19, 2014 electrodiagnostic testing revealed no evidence of ulnar neuropathy. Neither the subjective or objective findings support a clinical impression of cubital tunnel syndrome. There is no reasonable expectation of substantial functional improvement such as return to work or decreased reliance on prescription medications with cubital tunnel release surgery. The request is not medically necessary.

Associated surgical services: 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).

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. The request is not medically necessary.