

Case Number:	CM15-0099097		
Date Assigned:	06/04/2015	Date of Injury:	07/16/2014
Decision Date:	07/08/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/22/2015

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:

This 50 year old female sustained an industrial injury on 7/16/14. She subsequently reported bilateral wrist and elbow pain. Diagnoses include bilateral cubital tunnel, bilateral carpal tunnel and bilateral and lateral epicondylitis. Treatments to date include x-ray and MRI testing, injections and prescription pain medications. The injured worker continues to experience bilateral elbow and bilateral wrist pain. Upon examination, there is tenderness to palpation over the epicondyle bilaterally and positive Tinel at the bilateral cubital tunnels. Exam of the bilateral wrists show positive Tinel's and Phalen's signs. A request for Right cubital tunnel release outpatient in MPN, Right carpal tunnel release outpatient in MPN and pre-op medical clearance was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right cubital tunnel release outpatient in MPN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-47.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-37.

Decision rationale: The California MTUS notes that evidence is lacking that ulnar nerve decompression surgery has advantages over non-surgical treatment (page 36-37). It is further noted 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 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, workstation changes if applicable and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. Before proceeding with surgery, patients must be apprised of all possible complications, including wound infections, anesthetic complications, nerve damage, and a high possibility that surgery will not relieve symptoms. Absent findings of severe neuropathy such as muscle wasting, 3-6 months of conservative care should proceed a decision to operate." In this case symptoms are diffuse and only a minority correlate with ulnar neuropathy at the elbow. The majority of test results including MRI of the elbow, distal ulnar motor latency, sensory latency and amplitude and electromyography were normal. There is no documentation of elbow pads, removing opportunities to rest the elbow on the ulnar groove and night elbow extension splinting. Therefore, the request for cubital tunnel release surgery is not medically necessary.

Right carpal tunnel release outpatient in MPN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 265, 269, 270.

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

Decision rationale: The California MTUS notes that, several traditional findings of carpal tunnel syndrome have limited specific diagnostic value (page 258) and recommends electrodiagnostic testing. In this case the majority of diffuse reported symptoms cannot be attributed to carpal tunnel syndrome. The September 19, 2014 electrodiagnostic testing was mostly normal with the majority of median nerve testing including distal median motor onset latency (3.2 ms), amplitude and short segment sensory latency (2.1 ms) being normal; only long segment sensory conduction was mildly increased on the right at 3.9 ms. The California MTUS notes that patient's with the mildest carpal tunnel syndrome have the poorest outcomes after surgery (page 270). Studies have correlated relief following carpal tunnel injection with relief following surgery; in this case the very limited short-term relief following March 5, 2015 right carpal tunnel injection suggests surgery is unlikely to be effective. With diffuse symptoms only a minority of which could be attributed to carpal tunnel syndrome, minimal electrodiagnostic abnormalities and no substantial improvement following March 5, 2015 carpal tunnel injection, carpal tunnel release surgery is unlikely to be beneficial in this case. The request is not medically necessary.

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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; rather, records indicate the injured worker has undergone multiple surgical procedures without medical or anesthetic complications. Therefore, the request is determined to be medically unnecessary.