

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 7/26/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	4/25/2013
Date of Injury:	1/25/2013
IMR Application Received:	5/13/2013
MAXIMUS Case Number:	CM13-0000335

- 1) MAXIMUS Federal Services, Inc. has determined the request for left elbow anterior transposition ulnar nerve **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/13/2013 disputing the Utilization Review Denial dated 4/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/19/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for left elbow anterior transposition ulnar nerve **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 25, 2013

“Diagnosis: (R) carpal tunnel syndrome. (R) LOG PRIM osteoart-forearm/wrist. (L) cubital tunnel syndrome. (L) traumatic arthropathy-upper arm/elbow.

3. The patient is a 63 year-old male patient s/p injury 1/25/13.

4. Discussion:

a) The primary request, for anterior transposition of the ulnar nerve, cannot be authorized at this time.

b) There are electrodiagnostic studies mentioned, but the results of those studies are not available.

c) There is no indication of a specific sensory or motor loss and there is no objective measure (such as two-point or monofilament testing) of sensory deficit.

d) There is no mention of the extension splinting required by the MTUS 2009 ACOEM Guidelines.

e) The request for carpal tunnel injection is consistent with those Guidelines and should be authorized, now that electrodiagnostic studies have been performed.

f) Corticosteroid injection for an arthritic joint can provide at least temporary relief of symptoms, is relatively non-invasive and should be authorized.

g) If the surgical request is resubmitted, including the aforementioned information would be most helpful.

“5. Per the 4/19/13 Orthopedic report:

a) Subjective: Presents with complaints of tingling, numbness and burning pain in the (L) and (R) hand. The tingling occurs on a daily basis involving the (R) radial and the (L) ulnar digits. He notes activity related occasional slight pain occurring in nonlocalized area about the (L) elbow and a "knot" and pain with use or palpation about the proximal aspect of the (R) thenar eminence at the base of the thumb. The patient's symptoms are

aggravated by daily activities. The patient has tried physical therapy with no improvement. Patient was referred for further evaluation and treatment. Patient had an EMG performed on 3/28/13.

b) Objective: (L) elbow exam: No swelling, deformities or effusion noted. Crepitus is absent. Tenderness is noted at the (L) elbow medial epicondyle and ulnar nerve. (L) side normal pain free active range of motion. The ulnar nerve is highly mobile and subluxes with flexion and on manual manipulation. Positive Tinel's. (R) wrist exam: No swelling or contracture. No masses. There is tenderness at the (R) wrist proximal mid palmar and base of the thumb. Localized pain to palpation and positive axial grind test at the 1st CMCJ. Tinel's positive median nerve.

c) Imaging:

i. (L) elbow X-ray: 3 views: the humeral ulnar joint shows minimal joint space narrowing. Large medial humeral osteophyte is present. A benign-appearing calcification/ossification is present adjacent to the medial epicondyle. Cubital tunnel view shows no significant narrowing. Cubital tunnel view shows no significant narrowing.

ii. (R) wrist X-ray: 3 views: slight narrowing and osteophytic changes present at the 1st CMCJ. No destructive or reactive lesions. Carpal tunnel view is normal.

d) Diagnosis: (R) carpal tunnel syndrome. (R) LOG PRIM osteoart-forearm/wrist. (L) cubital tunnel syndrome. (L) traumatic arthropathy-upper arm/elbow.

e) Plan: The patient's main complaints are neurologic in origin and consistent with the reported electrodiagnostic findings at the (R) carpal tunnel and the (L) cubital tunnel. Today's examination and X-rays show osteoarthritic changes of moderate degree occurring at the (R) thumb CMCJ and at the (L) medial elbow. These conditions would cause localized pain and generalized stiffness and interference with function as well. The patient appears focused and has received advice that surgical procedures on the (L) ulnar nerve at the elbow and (R) median nerve at the wrist would resolve his problems. The patient agrees to request authorization form to ensure for (L) elbow ulnar nerve anterior transposition and (R) wrist carpal tunnel and 1st CMCJ glucocorticoid injection with fluoroscopic guidance.

6. Per the 4/19/13 Surgery Authorization request form:

a) Diagnosis: (L) carpal tunnel syndrome, Loc prim osteoart-forearm, cubital tunnel syndrome.

b) Procedure: (L) elbow anterior transposition ulnar nerve. (R) wrist 1st CMCJ injection carpal tunnel injection.

7. Per the 4/16/13 Occupational Medicine report:

a) Subjective: Current complaints: bilateral wrist hand injury. Using custom-made wrist splint. Patient states that he saw Dr. Hines today and the doctor's office is waiting for the medical record from Kaiser. Current complaints: No change in symptoms with burning sensation both hands with pain. Tingling numbness constant both hands (R)>(L). Taking Advil/Tylenol OTC, denies dropping objects. Accommodated to restrictions. .

b) Objective: No apparent distress. Upper extremity exam: bilateral hands, subjective soreness in the thenar eminence (R) side, range of motion full. No thenar atrophy seen. No wrist swelling/erythema, no tenderness bilaterally. Range of motion, wrist is normal with no pain. Tinel and Phalen test positive. Strength is 5/5. Grip: normal. Tinel at the elbow positive unchanged. .

c) Diagnosis: Carpal tunnel syndrome, bilateral. Cubital tunnel syndrome (L) on NCS. Sprain hand or finger bilateral. Repetitive strain injury, bilateral. Sprain of wrist, bilateral.

d) Plan: Rest, wrist splint to continue. Advil/Tylenol to continue prn."

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 5/13/13)
- Utilization Review Determination from [REDACTED] (dated 4/25/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, 2004, Elbow Chapter, pg 240-242
- Medical Records from [REDACTED] (dated 1/25/13 – 6/11/13)
- Medical Records from [REDACTED] (dated 1/28/13 - 6/12/13)

1) Regarding the request for request for left elbow anterior transposition ulnar nerve :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10), pgs. 37, 240-242 of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

On 1/25/13 the employee sustained a repetitive work-related injury to bilateral wrists and hands. Upon review of the medical records submitted, initial diagnosis was bilateral repetitive strain/sprain injury. Treatment included: physical therapy, with no benefit, right wrist splint, left elbow extension splint, right wrist steroid injection, oral analgesics, and immobilization. X-rays and electrodiagnostic testing showed evidence of mild right-sided carpal tunnel syndrome, mild left-sided cubital tunnel syndrome with ulnar entrapment neuropathy at the elbow, and moderate osteoarthritic changes in the right thumb and left medial elbow. Medical report dated 4/19/13 stated the employee continued to experience tingling, numbness, and burning pain in both hands. Diagnoses were bilateral carpal tunnel syndrome; sprain, hand or finger, bilateral; bilateral repetitive strain injury; bilateral wrist sprain.

The current recommendation is for surgical procedure in the form of a left elbow anterior transposition of the ulnar nerve. There is no indication of specific treatment, formal physical exam findings, or imaging available for review in this case. There is limited evidence of specific treatment that has occurred over the past six months to necessitate the proposed procedure for the treatment of a mild diagnosis of ulnar nerve entrapment at the elbow. ACOEM guidelines indicate 3-6 months of conservative care should be well-documented prior to proceeding with any form of surgery for a diagnosis of ulnar nerve entrapment. The request for left elbow anterior transposition of the ulnar nerve **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.



