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| Case Number: | CM14-0121033 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 02/21/2012 |
| Decision Date: | 11/03/2015 | UR Denial Date: | 07/21/2014 |
| Priority: | Standard | Application Received: | 07/31/2014 |

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, Oregon, Washington
 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 53-year-old female, who sustained industrial injuries from March 4, 2008 through February 21, 2012. The injured worker was diagnosed as having cervical spine strain and sprain, loss of cervical spine lordosis with spondylitic changes and slight bilateral neural foraminal narrowing per x-ray and disc protrusion with the impression of cervical spinal cord and bilateral neural foraminal stenosis per MRI on September 7, 2012, status post left shoulder arthroscopy on July 10, 2013, left wrist sprain and strain and left carpal tunnel syndrome per EMG on February 22, 2013. Treatment to date has included diagnostic studies, radiographic imaging, and surgical intervention of the shoulder, medications and work restrictions. Evaluation on April 3, 2014, revealed left wrist decreased range of motion, left elbow with positive Tinel's test, neck pain with decreased range of motion rated at 4-5 on a 1-10 scale with 10 being the worst, left shoulder pain noted as slightly better and rated at 4 on a 1-10 scale with 10 being the worst. She noted the pain radiated down the left upper extremity to the hand with associated stiffness, tightness and weakness of the left shoulder and arm. Electro diagnostic studies on April 30, 2014, revealed chronic bilateral cervical radiculopathy, bilateral median neuropathy at the wrists and bilateral ulnar neuropathy at the elbows. Evaluation on June 5, 2014, revealed continued significant pain as previously noted on exam. Cervical steroid epidural injections were recommended. The RFA included requests for Index Finger Trigger Release and Left Ulnar Nerve Transposition and was non-certified on the utilization review (UR) on July 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Ulnar Nerve Transposition: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Elbow Chapter Ulnar Nerve Decompression.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Surgery for cubital tunnel syndrome.

Decision rationale: 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 insufficient evidence in the records that the claimant has satisfied these criteria in the cited records. Therefore, the determination is not medically necessary.

Index Finger Trigger Release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Surgery for the cubital tunnel syndrome.

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

Decision rationale: CAMTUS/ACOEM is silent on the issue of surgery on trigger finger (stenosing tenosynovitis). Per ODG, surgery is recommended if symptoms persist after steroid injection. In this case, there is no documentation of symptoms persisting after steroid injection. Therefore, the request is not medically necessary.