

<b>Case Number:</b>	CM13-0001197		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	10/01/2007
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	07/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2013

### 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. The expert 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 63-year-old female injured on 10/01/07. Clinical records provided for review include an electrodiagnostic study report of the upper extremities dated 03/26/13 consistent with a mild left and right carpal tunnel syndrome as well as a mild left ulnar neuropathy at the elbow. The most recent clinical follow up report is from June 20, 2013 indicating complaints of bilateral carpal tunnel syndrome stating the recent use of splinting has been ineffective. Objectively, there was a positive elbow flexion test bilaterally with a positive Durkan's, Phalen's and Tinel's tests. The claimant was diagnosed with carpal tunnel and underlying cubital tunnel syndrome and decompression of both the ulnar nerve at the elbow and median nerve at the wrist was recommended for the left upper extremity. Further documentation of treatment was not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DECOMPRESSION (R) ULNAR NERVE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**Decision rationale:** Based on California ACOEM Guidelines, the role of decompression to the right ulnar nerve at the elbow would not be indicated. This individual is noted to be having mild

left cubital tunnel syndrome on electrodiagnostic studies but no indication of positive right sided findings. Electrodiagnostic studies done on 03/26/13 specifically state no evidence of neuropathy involving the right ulnar nerve. The role of a decompression in light of negative electrodiagnostic findings is not medically necessary or appropriate.

**DECOMPRESSION (R) MEDIAN NERVE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): (s) 265 AND 270.

**Decision rationale:** The California ACOEM Guidelines would also not support the role of a right median nerve release. Records indicate no specific treatment or physical examination since June of 2013. While this individual is noted to have mild carpal tunnel syndrome from previous electrodiagnostic studies of the right upper extremities, the absence of physical examination or treatment since June of 2013 would fail to support the acute need of a surgical process. The request is not medically necessary or appropriate.

**RE-EVALUATION:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127.

**Decision rationale:** The California ACOEM Guidelines would support the role of a reevaluation of this individual. While the role of operative intervention has not been established, reevaluation, given the claimant's continued current findings, would be supported as medically necessary.