

<b>Case Number:</b>	CM13-0001980		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	06/22/2009
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2013

### 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 50-year-old female who was injured in a work related accident on June 22, 2009. The clinical records available for review in this case include a prior operative report of August 26, 2013 indicating the claimant underwent a revision ulnar nerve transposition with extensive decompression, a right carpal tunnel release and a scar excision with advancement of flap and medial epicondylectomy. There was also noted to be secondary repair of ruptures to the pronator teres, flexor carpi radialis and flexor carpi ulnaris. Preoperative electrodiagnostic studies to the upper extremities performed January 17, 2013 were noted to be normal bilaterally with no evidence of carpal tunnel syndrome or recurrent ulnar nerve neuropathy was noted. There is a retrospective request for the role of the procedure performed on August 26, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT CARPAL TUNNEL RELEASE AND REVISION RIGHT ULNAR NERVE TRANSPOSITION AT ELBOW: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 40-43.

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

**Decision rationale:** The Expert Reviewer's decision rationale: Based on California ACOEM Guidelines, the revision procedure to the ulnar nerve as well as a carpal tunnel release would not have been indicated. The clinical records fail to demonstrate electrodiagnostic evidence of ulnar or median neuropathy at the wrist or elbow to support either of the two procedures in question. The specific request for the surgical process as understood by operative report of August 2013 is not medically necessary.