

Case Number:	CM13-0017058		
Date Assigned:	01/15/2014	Date of Injury:	12/02/2009
Decision Date:	03/19/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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 patient is a 59 year old female with industrial injury 12/2/09. Status post right wrist scapholunate tenodesis with FCR tendon graft, right posterior interosseous neurectomy, right anterior interosseous neurectomy 7/22/10. Report EMG/NCV 6/14/12 demonstrating mild to moderate right carpal tunnel syndrome and mild ulnar nerve slowing at elbow. Exam note 7/24/13 demonstrates report of worsening numbness and night numbness. Exam demonstrates positive right carpal tunnel and cubital tunnel Tinel sign. Request for right cubital and carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right open carpal tunnel release and right cubital tunnel decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 45-47.

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

Decision rationale: In this case there is insufficient evidence of significant cubital tunnel to support surgical intervention, as there is mild slowing across the elbow by electrodiagnostic testing. Therefore the determination is for non-certification.