

Case Number:	CM13-0019240		
Date Assigned:	10/11/2013	Date of Injury:	02/27/2013
Decision Date:	01/22/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/03/2013

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 Orthopaedic 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 50-year-old gentleman who sustained injuries to his upper extremities on 02/27/13. Specific in this case to the left upper extremity, clinical records reviewed include a formal documentation of prior electrodiagnostic studies dated 05/24/13 to the upper extremities that were noted be abnormal with findings consistent of moderate bilateral carpal tunnel syndrome, right greater than left, and moderate bilateral ulnar neuropathy at the elbow, worse on the left than on the right. Recent clinical evaluation on 06/26/13 with [REDACTED] indicated continued subjective complaints of hand numbness and tingling bilaterally with objective findings showing "neurologic upper extremity findings reflective of ulnar and median neuropathy". At present, the claimant was noted to be treated with conservative modalities. A follow up of 07/23/13 with [REDACTED], also indicated a diagnosis of bilateral carpal and cubital tunnel syndrome showing positive Tinel's and median nerve compression at the elbow, positive Tinel's sign at the wrist and positive Phalen's testing. Based on the claimant's electrodiagnostic study findings, surgical intervention including a carpal tunnel release and ulnar nerve submuscular transposition was recommended for further care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel release: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

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

Decision rationale: Based on California MTUS Guidelines, carpal tunnel release procedure would be warranted. The claimant's physical examination and electrodiagnostic studies support the diagnosis of carpal tunnel syndrome and there is documentation of a failed response to conservative care. The criteria as set forth in CA MTUS ACOEM are satisfied.

Left ulnar nerve submuscular transposition: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, the role of cubital tunnel release procedure to include a submuscular transposition of the nerve would not be indicated. Specific to the use of a transposition of the ulnar nerve, guidelines indicate that the ulnar nerve must show demonstrated subluxation on examination of the elbow with range of motion. That is not documented in this case. Furthermore, guideline criteria recommends the role of six months of conservative care to include use of elbow pads, compliance with physical therapy, activity modifications, and workstation changes if applicable. Documentation does not support all of these modalities being utilized for a three to six month period of time. The ulnar nerve release and submuscular transposition in this setting would not be indicated.