

<b>Case Number:</b>	CM13-0026857		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	04/07/2011
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 patient has been treated for ongoing complaints of persistent burning pain, numbness, tingling, and progressive loss of strength and stamina affecting both hands. Reportedly, much of her symptoms are aggravated by elbow flexion and repetitive activities with her symptoms persistent despite work modifications, anti-inflammatory medications, therapy, and injections on multiple occasions. The patient underwent an EMG/NCS on 06/16/2012 which noted the needle EMG study was normal bilaterally, with abnormal electrodiagnostic study regarding a nerve conduction study and electromyography which noted left median and right median neuropathy/median nerve entrapment within the carpal tunnel with carpal tunnel by sensory nerve action potential, which noted electrical abnormality was mild. The patient reportedly had improved symptoms with the use of splinting and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE STAGED BILATERAL CARPAL AND CUBITAL TUNNEL DECOMPRESSION.:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271, 273 ,21.

**Decision rationale:** According to California MTUS at ACOEM, surgical consideration for referral for hand surgery may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management, including worksite modifications, and have clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long-term from surgical intervention. It further states that carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Regarding the cubital tunnel syndrome, California MTUS at ACOEM states that proper testing to localize the abnormality involving a nerve conduction study that includes at least stimulation above the below the elbow is recommended for assessment of ulnar nerve entrapment. After review to the documentation, although the patient does meet guideline criteria for a carpal tunnel release, because the cubital tunnel release has not been verified as a medical necessity per electrodiagnostic studies as stated under the California MTUS/ACOEM Guidelines, the request in its entirety cannot be supported.

**TWELVE (12) POST-OPERATIVE PHYSICAL THERAPY VISITS.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The Expert Reviewer's decision rationale: Although the patient meets guideline criteria for a carpal tunnel release procedure, the 12 sessions of postoperative physical therapy exceeds maximum allowance per postoperative rehabilitation sessions for open carpal tunnel release which is only supported for up to 8 sessions post-operatively. In the case of this patient, due to not meeting guideline criteria for cubital tunnel syndrome, the subsequent 12 sessions of postoperative physical therapy cannot be supported at this time. As such, the requested service is non-certified.