

Case Number:	CM13-0047633		
Date Assigned:	12/27/2013	Date of Injury:	10/16/2009
Decision Date:	02/28/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/04/2013

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 42-year-old female who reported an injury on 10/16/2009. The patient is diagnosed with left greater than right cubital tunnel syndrome and left greater than right carpal tunnel syndrome. The patient was seen by [REDACTED] on 09/11/2013. Physical examination revealed no significant change including decreased sensation to light touch in the median and ulnar nerve distribution with positive Tinel's testing at the cubital and carpal tunnels. Treatment recommendations included authorization for a left carpal tunnel syndrome and cubital tunnel release with possible transposition of the ulnar nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for Left Wrist Endoscopic vs Carpal Tunnel release: 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): 27,271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Carpal Tunnel Release.

Decision rationale: Chronic Pain Medical Treatment Guidelines/ACOEM Practice Guidelines state referral for hand surgery consultation may be indicated for patients who have red flag conditions of a serious nature, fail to respond to conservative treatment, have clear clinical and

special study evidence of a lesion that has been shown to benefit from surgical intervention. As per the documentation submitted, there is no evidence of a failure to respond to recent conservative treatment including activity modification, night wrist splinting, nonprescription analgesia, home exercise training, or corticosteroid injections there is no evidence of abnormal Katz hand diagram scores, nocturnal symptoms, or flick sign. Additionally, the patient underwent an electrodiagnostic study on 07/02/2013 which revealed no evidence of entrapment neuropathy at any level in the bilateral upper extremities. Based on the clinical information received the request is non-certified.

request for Cubital Tunnel Release possible anterior subcutaneous transposition of ulnar nerve under general anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Surgery for cubital tunnel syndrome (ulnar nerve entrapment).

Decision rationale: Chronic Pain Medical Treatment Guidelines/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have significant limitations of activity for more than 3 months, fail to improve with exercise programs, and have clear clinical and electrophysiological or imaging evidence of a lesion. As per the documentation submitted, there is no evidence of a recent failure to respond to conservative treatment including pad/splinting, medications, activity modification, or exercise strengthening. There is also no evidence upon electrodiagnostic study of entrapment neuropathy at any level in the bilateral upper extremities. Based on the clinical information received, the request is non-certified.

request for Medical Clearance with EKG & LABS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

request Occupational Therapy x6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.