

<b>Case Number:</b>	CM13-0056014		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/27/2011
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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:

According to the records made available for review, this is a 52-year-old female with a 10/27/11 date of injury. At the time of request for authorization for left carpal tunnel release, left cubital tunnel release with ulnar nerve transposition followed in six weeks by right side, postoperative rehab and gentle ROM exercises to the left/right wrist three times a week for four weeks with re-evaluation for continued therapy post 12 sessions if needed, wrist sling, and medical clearance, there is documentation of subjective (continued bilateral upper extremity symptomatology, including the left shoulder) and objective (pain and tenderness in the left cubital fossa with extension into the ulnar two digits, positive elbow flexion test, tenderness around the arcade of Struthers, positive palmar compression test, positive Tinel's and Phalen's tests, and positive median nerve compression test) findings, current diagnoses (bilateral carpal tunnel and left cubital tunnel syndrome), and treatment to date (medication). Regarding the requested left carpal tunnel release, left cubital tunnel release with ulnar nerve transposition followed in six weeks by right side, there is no documentation of additional subjective findings (nocturnal symptoms, and/or Flick sign (shaking hand)) consistent with median and ulnar neuropathy, additional conservative treatment (padding, splinting, injections, activity modification, and exercise), positive electrodiagnostic testing, and that the ulnar nerve subluxes on ROM of the elbow. Regarding the requested postoperative rehab and gentle ROM exercises to the left/right wrist three times a week for four weeks with re-evaluation for continued therapy post 12 sessions if needed, wrist sling, and medical clearance, there is no documentation of a pending surgery that is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**left carpal tunnel release, left cubital tunnel release with ulnar nerve transposition followed in six weeks by right side:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-606.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270; 18-19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter; Elbow Chapter, Carpal tunnel release surgery (CTR); Surgery for cubital tunnel syndrome (ulnar nerve decompression).

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of positive findings on clinical examination and the diagnosis should be supported by nerve conduction, as criteria necessary to support the medical necessity of carpal tunnel release. In addition, MTUS reference to ACOEM guidelines identifies documentation of a nerve conduction study and conservative treatment (elbow padding, avoidance of leaning on the ulnar nerve at the elbow, avoidance of prolonged hyperflexion of the elbow, and utilization of NSAIDs) as criteria necessary to support the medical necessity of decompression of the ulnar nerve. ODG identifies documentation of at least 2 symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)), at least 2 findings by physical exam (Durkan's compression test, Semmes-Weinstein monofilament test, Phalen Sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness (thumb abduction), at least 3 conservative treatment measures attempted (activity modification  $\geq$  1 month, wrist splint  $\geq$  1 month, nonprescription analgesia, physical therapy referral for home exercise training, and/or successful initial outcome from corticosteroid injection trial (optional)), and positive electrodiagnostic testing, as criteria necessary to support the medical necessity of carpal tunnel release. In addition, ODG identifies documentation of subjective/objective findings consistent with ulnar neuropathy, significant activity limitations, delayed NCV, failure of conservative treatment (exercise, activity modification, medications, and pad/splint for a 3 month trial period), and that the ulnar nerve subluxes on ROM of the elbow, as additional criteria necessary to support the medical necessity of ulnar nerve decompression with ulnar nerve transposition. Within the medical information available for review, there is documentation of diagnoses of bilateral carpal tunnel and left cubital tunnel syndrome. In addition, there is documentation of objective findings (pain and tenderness in the left cubital fossa with extension into the ulnar two digits, positive elbow flexion test, tenderness around the arcade of Struthers, positive palmar compression test, positive Tinel's and Phalen's tests, and positive median nerve compression test) consistent with median and ulnar neuropathy. However, despite documentation of subjective findings (continued bilateral upper extremity symptomatology, including the left shoulder), there is no documentation of additional subjective findings (nocturnal symptoms, and/or Flick sign (shaking hand)) consistent with median and ulnar neuropathy. In addition, despite documentation of conservative treatment (medication), there is no documentation of additional conservative treatment (padding, splinting, injections, activity modification, and exercise). Furthermore, there is no documentation of positive electrodiagnostic testing. Lastly, there is no documentation that the ulnar nerve subluxes

**postoperative rehab and gentle ROM exercises to the left/right wrist three times a week for four weeks with re-evaluation for continued therapy post 12 sessions if needed: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**Decision rationale:** There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for postoperative rehab and gentle ROM exercises to the left/right wrist three times a week for four weeks with re-evaluation for continued therapy post 12 sessions if needed is not medically necessary.

**wrist sling: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 41-42; 270.

**Decision rationale:** There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for wrist sling is not medically necessary.

**medical clearance: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing.

**Decision rationale:** There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for medical clearance is not medically necessary.