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| <b>Case Number:</b>   | CM13-0061576 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 09/12/2011 |
| <b>Decision Date:</b> | 08/19/2014   | <b>UR Denial Date:</b>       | 11/25/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/05/2013 |

### 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 claimant, a 51-year-old female, sustained an injury to the bilateral upper extremities on 09/12/11. The records provided for review document current complaints of right carpal tunnel syndrome. The report of electrodiagnostic studies of the bilateral upper extremities performed on 06/26/12 revealed evidence of mild bilateral carpal tunnel syndrome. There was no documentation for the diagnosis of cubital tunnel syndrome or indication of compression of the ulnar nerve at the elbow in the report. The Utilization Review of November 25, 2013 recommended operative intervention for the right wrist based on positive electrodiagnostic studies, failed conservative care and positive exam findings. This review is for right carpal tunnel release and cubital tunnel release and the initial request for twelve sessions of postoperative physical therapy following surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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:** Since the primary procedure is not medically necessary, none of the associated services is medically necessary.

**A RIGHT CUBITAL TUNNEL RELEASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265,270.

**Decision rationale:** Based on California ACOEM Guidelines a right carpal tunnel release with concordant right cubital tunnel release procedure would not be indicated. While this individual is noted to have positive electrodiagnostic studies at the carpal tunnel, there is no indication of compressive findings at the right cubital tunnel that would support the role of an ulnar nerve release procedure. The absence of positive electrodiagnostic studies for the cubital tunnel would fail to support the role of the requested surgical process. Therefore, the request is not medically necessary.