

Case Number:	CM13-0062131		
Date Assigned:	01/15/2014	Date of Injury:	02/26/2002
Decision Date:	05/22/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/06/2013

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 is a 53-year-old gentleman injured on February 26, 2002. The records provided for review include documentation that the claimant underwent a C4 through C7 anterior cervical discectomy and fusion, performed in 2007. Specific to the claimant's left upper extremity, a report of an MRI of the left wrist dated July 21, 2011, showed moderate degenerative arthrosis at the radiocarpal joint with ill-defined tearing at the triangular fibrocartilage complex. Electrodiagnostic studies dated January 4, 2011, showed bilateral carpal tunnel syndrome, mild in severity, with left ulnar neuropathy at the wrist and no evidence of further compressive findings. A November 16, 2013, clinical report described hand numbness bilaterally with positive Tinel's, Phalen's, and Durkan's testing at the wrist bilaterally. No sensory deficit was noted, and a Tinel's and flexion test at the left elbow was positive. The records do not demonstrate further electrodiagnostic testing. The records document that treatment for the diagnosis of cubital tunnel syndrome has included medications and physical therapy. This request is for a left ulnar nerve decompression and left carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT ULNAR NERVE DECOMPRESSION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Elbow and Hand Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37.

Decision rationale: Based on California ACOEM Guidelines, a left ulnar nerve decompression would not be indicated. While the claimant's physical examination findings are positive, the records do not document positive electrodiagnostic studies indicative of ulnar entrapment at the elbow to support a cubital tunnel release procedure. ACOEM Guidelines recommend that a left ulnar nerve decompression procedure is reserved for cases in which clear evidence exists of positive electrodiagnostic studies correlating with clinical findings. In the absence of the above, surgical intervention would not be supported as medically necessary.

LEFT CARPAL TUNNEL RELEASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Elbow and Hand Guidelines

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

Decision rationale: California ACOEM Guidelines would not support the acute need for carpal tunnel release in this case. ACOEM recommends that surgery should be delayed until a definitive diagnosis of carpal tunnel syndrome is made based on history, physical examination and electrodiagnostic studies. The claimant's electrodiagnostic studies, conducted more than three years ago, demonstrated mild carpal tunnel findings prior to the multilevel anterior cervical discectomy and fusion. Given the absence of supported electrodiagnostic studies following the multilevel fusion procedure performed for radiculopathy, a firm diagnosis of carpal tunnel syndrome has not been established. Therefore, the request for carpal tunnel release in this case would not be indicated.