

Case Number:	CM13-0063221		
Date Assigned:	12/30/2013	Date of Injury:	05/16/2012
Decision Date:	04/18/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/09/2013

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 60-year-old female status post May 16, 2012 injury, and subsequent carpal tunnel release. Electrodiagnostics noted C6-7 radiculopathy and a diagnosis of cervical radiculopathy is noted within the medical records. There is documentation of elbow splinting. Other treatment includes activity modification. On the October 3, 2013 report it is documented diagnoses of moderate right cubital tunnel, mild to moderate right carpal tunnel syndrome. There is no documentation of abnormal two point discrimination, atrophy, weakness. There is documentation of anti-inflammatory medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ENDOSCOPIC, POSSIBLE OPEN CARPAL TUNNEL RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 270. Decision based on Non-MTUS Citation ODG, online edition: Carpal Tunnel Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270, 272.

Decision rationale: The medical records provided for review do not indicate that nonsurgical treatments have been exhausted prior to consideration for surgical intervention for these

diagnoses. There is no evidence of severe compression at either wrist or elbow of the respective nerves. Due to the lack of documentation, right carpal tunnel surgery is not indicated.

RIGHT ULNAR NEURAL LYSIS AT ELBOW, POSSIBLE ANTERIOR

TRANSPORTATION: Upheld

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

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

Decision rationale: The medical records provided for review do not indicate that nonsurgical treatments have been exhausted prior to consideration for surgical intervention for these diagnoses. There is no evidence of severe compression at either wrist or elbow of the respective nerves. Due to the lack of documentation, right ulnar lysis at elbow surgery is not indicated.