

Case Number:	CM13-0068546		
Date Assigned:	01/03/2014	Date of Injury:	10/03/2006
Decision Date:	06/05/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/19/2013

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 Plastic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Maryland. 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 patient is a 50 year old with a reported date of injury on 10/3/2006 who requested outpatient left carpal tunnel release and left cubital tunnel release. Documentation from 12/9/13 in response to denial for the procedures note that 'The patient has been symptomatic for a long period of time and has had progression of the symptoms to the left upper extremity with numbness in the medial and ulnar nerve distribution, increased pain at night, which used to respond to bracing but is not responding any more, activity modification, stretching. He has electrodiagnostic studies confirming cubital tunnel syndrome and carpal tunnel syndrome.' Follow-up documentation from 10/30/13 notes 'therapy is helping post-op right shoulder, would like to continue.' Review of records/supplemental report/AME dated 12/6/13 is from an internal medicine physician and notes orthopedic AME report was not submitted for review. No further documentation was provided in this review. Utilization review dated 11/21/2013 did not certify the procedures. Reasoning given was that electrodiagnostic study report are not available and conservative therapy to date is unknown.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT LEFT CARPAL TUNNEL RELEASE WITH LEFT CUBITAL TUNNEL RELEASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 37-270.

Decision rationale: The patient is a 50 year old male who is stated to have a diagnosis of left carpal tunnel syndrome and left cubital tunnel syndrome that has failed conservative measures and is supported by electrodiagnostic studies. However, as stated by the utilization review, there is minimal supporting documentation. An electrodiagnostic report was not provided in the medical records reviewed. The only supportive documentation was from a letter of appeal only stating the above facts. The utilization review documented findings from a 10/14/13 visit including signs and symptoms of median and ulnar nerve neuropathy with failure of conservative measures of bracing, activity modification and stretching. However, this was not included in the medical records reviewed for this report. In addition, the utilization review stated that electrodiagnostic study reports were not available, as was the case for this review. Overall, based on the medical records reviewed, there is insufficient medical documentation to reverse the utilization review findings. The patient may have failed conservative measures, but no electrodiagnostic study report was provided for this review or for the utilization review. With respect to carpal tunnel surgery from ACOEM p. 270, 'CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken.' 'Surgery will not relieve any symptoms from cervical radiculopathy (double crush syndrome).' With respect to cubital tunnel surgery from ACOEM elbow complaints p. 37, 'Surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings.' Thus, for both conditions confirmatory electrodiagnostic studies are necessary prior to surgical intervention. The request is not medically necessary and appropriate.