

Case Number:	CM13-0072263		
Date Assigned:	06/11/2014	Date of Injury:	01/14/2012
Decision Date:	07/23/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/30/2013

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 and Hand Surgery and is licensed to practice in Texas. 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 injured worker is a 43-year-old female who reported an injury on 01/14/2012. Prior treatments included a long arm brace and medications. The injured worker had arthroscopic wrist surgery of the triangular fibrocartilage complex on her left wrist in 04/2012. The injured worker underwent physical therapy. The specific mechanism of injury was not provided. The documentation of 11/26/2013 revealed the injured worker had a steroid injection that eliminated all of the pain. Symptoms resolved after approximately 1 week. The injured worker reported no numbness in the fingers and had not had sharp shooting pain in the forearm or wrist since the injection. Physical examination revealed wrist flexion produced pain in the ulnar volar aspect of the wrist at the distal FCU tendon and pisiform location. Palpation of the pisiform produced significant pain. The sensation in the ulnar nerve distribution was normal but Tinel's was normal. Grip strength was 4+. There was tenderness present at the insertion of the FCU and the pisiform and base of the hand at the 5th CMC joint palmar surface. Resisted flexion produced pain in the FCU tendon. The diagnosis included pain in the wrist and hand and tenosynovitis of the hand and wrist NEC as well as ulnar nerve compression at the hand/Guyon's canal. The treatment plan included surgical intervention, including a left wrist exploration, FCU tendon sheath decompression, and pisiform resection.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGERY REQUEST. CUBITAL TUNNEL RELEASE, OR CARPAL TUNNEL RELEASE.: 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): 270-271.

Decision rationale: The ACOEM Guidelines indicate a surgical consultation may be appropriate for injured workers who have significant limitation of activity for more than 3 months, and a failure to improve with exercise programs to increase range of motion and strength of the musculature around the elbow or clear clinical and electrophysiologic or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Additionally, they indicate that surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with the clinical findings. There should be documentation that the injured worker has significant activity limitations due to nerve entrapment and that the injured worker has failed conservative care, including full compliance in therapy, the use of elbows, removing opportunities to rest the elbow on the ulnar groove, workstation changes and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. The clinical documentation submitted for review failed to meet the above criteria as there were no electrodiagnostics and there were no objective findings upon examination. The request for a cubital tunnel would not be supported. The ACOEM Guidelines indicate that for carpal tunnel syndrome there must be proof of positive findings on clinical examination that are supported by nerve conduction studies before surgery is undertaken. The clinical documentation submitted for review failed to meet the above criteria. Given the above, the request for surgery request cubital tunnel release or carpal tunnel release is not medically necessary.