

<b>Case Number:</b>	CM14-0009180		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	01/01/2013
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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, has a subspecialty in 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 38-year-old female who reported an injury on 01/01/2013 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her bilateral upper extremities. The injured worker's treatment history included conservative treatments to include oral medications, activity modifications, bracing, and physical therapy. The injured worker's surgical history included right carpal tunnel release and median nerve block in 01/2013, right De Quervain's release, tenolysis in 07/2013, left carpal release and injections to the left De Quervain's on 10/18/2013. The injured worker underwent an electrodiagnostic studies in 05/2013 that did not report any signs of cubital tunnel syndrome. The injured worker was evaluated on 12/16/2013. Physical findings included ulnar nerve tenderness with swelling in the cubital groove bilaterally and a positive Tinel's sign with paresthesias of the hands and weakness of the ulnar intrinsic muscle. It was noted that surgical intervention was requested although electrodiagnostic studies did not support the requested surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT(R) IN-SITU ULNAR NERVE DECOMPRESSION WITH TRANSPOSITION WITH TENDON LENGTHENING, REGIONAL AND NERVE BLOCKS, CAST APPLICATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, ELBOW CHAPTER (REVISED 2007), 238-240, TABLES 10-2 AND 10-6

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), 10, 44-47

**Decision rationale:** The requested right in-situ ulnar nerve decompression with transposition with tendon lengthening, regional and nerve blocks, and cast application is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend ulnar nerve decompression when there are clear clinical findings supported by an electrodiagnostic study. Clinical documentation does indicate that the treating physician would like to proceed, although the requested surgical intervention is not supported by an electrodiagnostic study. However, there is no documentation that the injured worker has failed to respond to other types of diagnostic studies. There is no documentation that the injured worker has undergone a diagnostic corticosteroid injection. Additionally, there were no objective findings to support anterior transposition and submuscular transposition is not supported by guideline recommendations. As such, the right in-situ ulnar nerve decompression with transposition with tendon lengthening, regional and nerve blocks, and cast applications is not medically necessary or appropriate.

**PHYSICIAN ASSIST PA-C:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**POSTOPERATIVE OCCUPATIONAL THERAPY 3X4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST-SURGICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**NORCO 5/325MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, HYDROCODONE/ACETAMINOPHEN (NORCO),

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**IBUPROFEN 800MG #50:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS),

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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