

Case Number:	CM14-0009303		
Date Assigned:	02/14/2014	Date of Injury:	05/30/2010
Decision Date:	06/24/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	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 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 46-year-old gentleman whose May 30, 2010, upper extremity injury is attributed to cumulative trauma associated with repetitive lifting of steel shafts. The records provided for review document complaints of bilateral carpal tunnel syndrome, as well as neurologic findings of the left upper extremity. Electrodiagnostic studies dated January 20, 2012, document evidence of bilateral carpal tunnel impairment and left ulnar neuropathy at the elbow. No indications of carpal tunnel syndrome or significant compression of the median nerve were noted. The claimant underwent conservative treatment, including splinting, management with medications, home exercises, acupuncture and chiropractic measures. A progress report dated October 17, 2013, references positive Tinel's testing at the wrists, as well as tenderness and pain. Full range of motion to the left shoulder is noted. Physical examination findings showed no tenderness to the left ulnar nerve and negative Tinel's testing. This request is for a left carpal tunnel release and a left cubital tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARPAL TUNNEL RELEASE SURGERY FOR THE LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition, Elbow Chapter; Carpal Tunnel Syndrome.

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

Decision rationale: According to California MTUS ACOEM Guidelines, a left carpal tunnel release would not be indicated in this case. ACOEM Guidelines recommend carpal tunnel release in cases in which the carpal tunnel syndrome diagnosis is supported by positive electrodiagnostic studies and physical examination findings. This claimant presents with borderline electrodiagnostic studies dating to 2012; the reviewed records referenced no further or more recent testing. Furthermore, the documented physical examination findings do not support the diagnosis. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

CUBITAL TUNNEL RELEASE SURGERY FOR THE LEFT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition, Elbow Chapter; Carpal Tunnel Syndrome.

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

Decision rationale: California MTUS ACOEM 2007 Elbow Guidelines would not support the request for cubital tunnel release surgery in this case. While ulnar neuropathy was noted on prior electrodiagnostic studies, the reviewed records do not document physical examination findings indicative of a diagnosis of cubital tunnel syndrome. Absent support of the diagnosis through positive electrodiagnostic studies that correlate with clinical findings, the need for operative intervention would not be indicated as medically necessary. Therefore, the request is not medically necessary.