

<b>Case Number:</b>	CM14-0107975		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/15/2009
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 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 37-year-old female who reported an injury on 12/15/2009. The mechanism of injury was not provided. On 07/08/2014, the injured worker presented with bilateral upper extremity numbness and tingling, left worse than the right. The injured worker was status post rotator cuff repair 2013. Upon examination, there was tenderness noted at the bilateral carpal tunnels and a positive carpal tunnel Durkan's compression test. There was a positive bilateral Tinel's and reports of electrical sensation traveling to the 5th digit. There was a positive Phalen's sign and decreased sensation in the thumb, index, and long fingers. Prior therapy included the use of a wrist splint, medications, activity modifications, rest, ice, and home exercise. The diagnosis was ulnar nerve lesion. There were no diagnostic studies notated. The provider recommended a left ulnar nerve release versus anterior transposition left carpal/hand; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Ulnar Nerve Release vs Anterior Transposition Left Carpal/Hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**Decision rationale:** The request for Left Ulnar Nerve Release vs Anterior Transposition Left Carpal/Hand is not medically necessary. The California MTUS/ACOEM Guidelines state that surgical intervention for carpal tunnel syndrome when there are clear clinical findings of physical deficits supported by electrodiagnostic study that has failed to respond to conservative treatment and would benefit from surgical intervention is indicated. The clinical documentation submitted for review indicated that the injured worker had failed to respond to previously recommended conservative treatment and has persistent positive clinical exam findings of cubital tunnel. The physical exam findings revealed noted at the bilateral carpal tunnels and a positive carpal tunnel Durkan's compression test. There was a positive bilateral Tinel's and reports of electrical sensation traveling to the 5th digit. There was a positive Phalen's sign and decreased sensation in the thumb, index, and long fingers. There was lack of evidence in the documentation provided of an electrodiagnostic study to support surgical intervention. The request would not be supported by the guideline recommendation. Clarification is needed to determine which surgery the providers is recommending. As such, medical necessity has not been established.