

<b>Case Number:</b>	CM14-0010153		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	02/06/2012
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 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 59-year-old female who reported an injury on 02/06/2012. The mechanism of injury was not stated. Current diagnoses include bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, degenerative joint disease in bilateral hands, and C5-6 radiculopathy. The injured worker was evaluated on 12/06/2013. The injured worker was status post corticosteroid injection. The injured worker reported persistent numbness and tingling. Physical examination revealed negative Tinel's testing, positive direct compression hyperflexion testing in bilateral cubital tunnels, and positive direct compression and Phalen's testing in bilateral median nerves. Treatment recommendations at that time included surgical intervention for the hand, elbow, and carpal and cubital tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OPEN RIGHT CARPAL TUNNEL RELEASE:** Upheld

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

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

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management, and have clear clinical and special study evidence of a lesion. Carpal tunnel syndrome must be proved by positive findings on a clinical examination and the diagnosis should be supported by nerve conduction studies. As per the documentation submitted, the injured worker's physical examination only revealed positive Phalen's and compression testing bilaterally. There were no imaging studies or electrodiagnostic reports submitted for this review. There is no mention of an exhaustion of conservative treatment. Based on the clinical information received, the request is non-certified.

**RIGHT CUBITAL TUNNEL RELEASE POSSIBLE MEDIAL EPICONDYLECTOMY:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-606.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have significant limitations of activity for more than 3 months, fail to improve with exercise programs, and have clear clinical and electrophysiologic or imaging evidence of a lesion. As per the documentation submitted, the injured worker's physical examination on the requesting date, only revealed positive direct compression hyperflexion testing bilaterally. There is no mention of an exhaustion of conservative treatment. There were also no imaging studies or electrodiagnostic reports submitted for review. Based on the clinical information received, the request is non-certified.

**POST-OPERATIVE OCCUPATIONAL THERAPY 2X6 RIGHT WRIST AND ELBOW:**  
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.

**PRE-OPERATIVE BLOOD WORK W/PTP:** 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.