

<b>Case Number:</b>	CM14-0011868		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 57-year-old female who was injured on 03/26/13 when her hand got stuck in a divider support along a packing line. The injury resulted in a left fifth finger hyperextension injury. The clinical progress report of 12/06/13 described numbness and tingling of the left hand with physical examination revealing diminished sensation in both the ulnar nerve and median nerve distribution. There was a positive Tinel's sign at the cubital tunnel of the elbow and a mildly positive Tinel's test at the carpal tunnel. Balance and median nerve compression testing were also positive. Review of 12/02/13 electrodiagnostic studies revealed a moderate left carpal tunnel syndrome and moderate left ulnar neuropathy at the elbow with mild left ulnar neuropathy at the wrist. Conservative care included a prior trigger finger release with postoperative physical therapy and medication management. The recommendation was made for a left ulnar nerve release at both the elbow and the wrist as well as a medial epicondylectomy and a left carpal tunnel release procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT ELBOW CUBITAL TUNNEL RELEASE WITH PARTIAL MEDIAL EPICONDYLECTOMY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 10, ELBOW DISORDERS, 603-606

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-37.

**Decision rationale:** Based on California ACOEM 2007 Elbow Guidelines, the request for left cubital tunnel release with partial medial epicondylectomy cannot be recommended as medically necessary. The documentation indicates that the claimant has compressive pathology at the left elbow, there is no indication of medial epicondylar examination findings. There is also no documentation of six months of conservative care focused on the cubital tunnel to support the acute need of surgery as per ACOEM Guidelines. This specific surgical request of left elbow cubital tunnel release with partial medial epicondylectomy is not medically necessary and appropriate.

**LEFT WRIST ULNAR NERVE RELEASE GUYON'S CANAL:** 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.

**Decision rationale:** California ACOEM Guidelines also do not support ulnar nerve surgery at the left wrist. The medical records document mild ulnar nerve entrapment at the wrist according to the electrodiagnostic studies. There is also no documentation of conservative care or formal physical examination findings to necessitate the proposed surgery. Therefore, the request for left wrist ulnar nerve release Guyon's canal is not medically necessary and appropriate.

**LEFT WRIST CARPAL TUNNEL RELEASE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 11, FOREARM, WRIST, AND HAND COMPLAINTS, 270-271

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270.

**Decision rationale:** Based on California ACOEM Guidelines, the request for left wrist carpal tunnel release cannot be recommended as medically necessary. The records document that the claimant sustained a hyperextension injury to the digits. The medical records do not document any conservative care offered to the claimant for the diagnosis of carpal tunnel syndrome. While there was evidence of mild carpal tunnel syndrome on the electrodiagnostic studies, the acute need of surgical intervention in absence of conservative measures cannot be supported. Therefore, the request for left wrist carpal tunnel release is not medically necessary and appropriate.