MAXIMUS Federal Services

Case Number:	CM14-0014311		
Date Assigned:	02/26/2014	Date of Injury:	06/18/2009
Decision Date:	06/26/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/04/2014

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 Orthopaedic Surgery, and is licensed to practice in Mississippi. 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 employee is a 51-year-old gentleman who states that he sustained a work-related injury on June 18, 2009 when reaching for a piece of equipment with his left arm. There was subsequent chronic left hand, wrist, and arm pain and a diagnosis of left medial and lateral epicondylitis, left radial nerve neuritis. There was a prior history of a left-sided carpal tunnel release in May 2012, and a left ulnar nerve subcutaneous transposition in February of 2014. The most recent note is dated February 14, 2014, and the injured employee states there has been no change with tingling and numbness in his hand. There were complaints of sensitivity to the ulnar aspect of the hand and episodic paresthesias to the middle and ring fingers. Physical examination noted a positive Tinel's test and Durkin's test opening median nerve and carpal tunnel. There was a diagnosis of left lateral elbow pain, left elbow cubital condyle syndrome, medial sided elbow pain, and status post carpal tunnel release with no improvement. A revision endoscopic carpal tunnel release versus open carpal tunnel release was suggested. Nerve conduction studies performed June 6, 2013 noted evidence of left ulnar neuropathy but no clear evidence of median nerve pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT REVISION ENDOSCOPIC CARPAL TUNNEL RELEASE (29648): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, SECOND EDITION (2004), CHAPTER 11

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

Decision rationale: Despite physical examination findings the California MTUS chronic pain medical treatment guidelines specifically state that a diagnosis of carpal tunnel syndrome should be confirmed by electrodiagnostic studies in addition to clinical examination. The nerve conduction studies conducted June 6, 2013 do not show any evidence of median nerve involvement or carpal tunnel syndrome. Without objective confirming evidence this request for a repeat carpal tunnel surgery is not certified.

ANTEBRACHIAL FASCIOTOMY (25020-VS. OPEN CARPAL TUNNEL RELEASE (64721): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, SECOND EDITION (2004), FOREARM, WRIST AND HAND COMPLAINTS

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

Decision rationale: Despite physical examination findings the California MTUS chronic pain medical treatment guidelines specifically state that a diagnosis of carpal tunnel syndrome should be confirmed by electrodiagnostic studies in addition to clinical examination. The nerve conduction studies conducted June 6, 2013 do not show any evidence of median nerve involvement or carpal tunnel syndrome. Without objective confirming evidence this request for a repeat carpal tunnel surgery is not certified.

POSSIBLE HYPOTHENAR FAT PAD FLAP (14040): 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): 265.

Decision rationale: As a request for a repeat carpal tunnel syndrome procedure (either endoscopic or open) is not certified there is no need for any adjunctive surgery such as a hypothenar fat pad flap. This request is not certified.

AND/OR REVERSE FDS MUSCLE FLAP (15220): 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): 265.

Decision rationale: As request for a repeat carpal tunnel surgery procedure is not certified then this request for a potential reverse FDS muscle flap is therefore also not certified.