

Case Number:	CM14-0113899		
Date Assigned:	08/04/2014	Date of Injury:	08/23/2013
Decision Date:	09/10/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/22/2014

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 52-year-old male who reported an injury on 08/23/2013. The mechanism of injury was the injured worker was cutting metal. The diagnosis included ulnar nerve, ulnar artery laceration with laceration flexor profundus little finger and fractured triquetrium with left carpal tunnel syndrome. The injured worker underwent a repair of the ulnar nerve, ulnar artery flexor profundus little finger with repair of partial tendon laceration to the profundus of the ring finger. Prior treatments included therapy and medication. The injured worker underwent an EMG/NCV on 03/25/2014, which revealed severe left sensory and motor ulnar neuropathy axonopathy. There was left median neuropathy at the wrist, carpal tunnel syndrome affecting the sensory and motor components, and there was no electromyographic evidence of denervation potentials in the rest of the left upper extremity. The documentation of 04/10/2014 revealed the injured worker had a lack of sensation and had constant tingling to the tips of his fingers. The injured worker indicated he had improved sensation to the left small and ring finger since the time of injury. However, he was beginning to feel more numbness to the left middle finger that was not there previously. The injured worker indicated his hand was weak. The physical examination revealed the injured worker had a scar around the Guyon canal that was thick and tight to touch. The injured worker was noted to have atrophy of the thenar muscles and it was noted the injured worker could abduct and adduct the digits as well as the thumb, although they were significantly weak. The injured worker had a positive Tinel over the carpal tunnel and Guyon canal. The injured worker had a negative Tinel's sign over the cubital tunnel. The injured worker had a positive Phalen's sign and elbow flexion test on the left. The grip strength was decreased on the left. The diagnosis included left wrist carpal tunnel syndrome. The treatment plan included a re-exploration of the ulnar nerve with neurolysis and a release of the scar tissue around the ulnar nerve, and a release of the carpal tunnel ligament at the same time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Carpal tunnel release and left wrist ulnar nerve re-exploration and neurolysis:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM): Surgical considerations for carpal tunnel surgery.

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

Decision rationale: The ACOEM Guidelines indicate a surgical consultation may be appropriate for injured workers who have a failure to respond to conservative treatment, including worksite modifications, and who have clear clinical and special study evidence of lesion that has been shown to benefit in both the long and short term from surgical intervention. The clinical documentation submitted for review indicated the injured worker had objective findings upon nerve conduction studies and physical examination. While there was a lack of documentation of a failure to respond to conservative management, the injured worker had undergone therapy and medication management and continued to have findings. Given the above, the request for Left Carpal tunnel release and left wrist ulnar nerve re-exploration and neurolysis is medically necessary.