

<b>Case Number:</b>	CM14-0124626		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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:

This is a 52-year-old claimant with a reported industrial injury of January 9, 2013. The injury resulted in a fracture of the hook of the hamate with reported decreased sensation in the ulnar nerve distribution. Exam note 7/23/2014 demonstrates patient has ongoing pain over the right wrist hamate fracture. The report is made of electrodiagnostic study on 6/4/2014 demonstrating mild irritation of the ulnar nerve distally at the right Guyon's canal with no abnormality at the elbow. Exam demonstrates pain over the older aspect of the hamate hook, which is mildly tender. A report by the provider shows a 50-50 chance of improvement with Guyon canal decompression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Guyon's Canal Release:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cubital Tunnel syndrome.

**Decision rationale:** The California MTUS/ACOEM guidelines are silent on Guyon decompression. An alternative guideline was therefore utilized. According to the Official Disability Guidelines, Elbow section, Surgery for cubital tunnel syndrome, indications include exercise, activity modification, medications and elbow pad and or night splint for a 3-month trial period. In this case, the electrodiagnostic studies from 6/4/14 demonstrated minimal evidence of ulnar nerve compression at Guyon's canal. In this case there is insufficient evidence in the records that the claimant has satisfied these criteria in the cited records. As such, the request is not medically necessary.