

Case Number:	CM14-0133556		
Date Assigned:	08/27/2014	Date of Injury:	01/28/2014
Decision Date:	10/09/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/21/2014

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 Surgeon, has a subspecialty in Hand Surgeon 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 53-year-old male who reported an injury on 01/28/2014 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his left upper extremity. The injured worker's treatment history included lumbar microdiscectomy in 2000, bilateral carpal tunnel releases, and right trigger thumb release. Conservative treatment history included immobilization with splinting, physical therapy focused on the hand, and non-steroidal anti-inflammatory drugs. The injured worker underwent an electrodiagnostic study on 03/12/2014 that documented there was evidence of ulnar nerve entrapment of the left elbow and evidence of mild left carpal tunnel syndrome. The injured worker was evaluated on 07/28/2014. Physical findings included tenderness to palpation of the lower aspect of the wrist. The injured worker had a positive Phalen's and positive Tinel's sign, and a positive carpal tunnel compression test. Evaluation of the left elbow documented normal range of motion with 4/5 grip strength, and a positive Tinel's sign for cubital tunnel. The injured worker's diagnoses included carpal tunnel syndrome and cubital tunnel syndrome. A Request for Authorization for carpal tunnel release of the left wrist and ulnar nerve transposition of the left elbow was submitted on 07/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open carpal tunnel release left wrist,: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter Carpal Tunnel Syndrome, Chapter Elbow, Web Edition

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

Decision rationale: The request for open carpal tunnel release left wrist is medically necessary and appropriate. The American College of Occupational and Environmental Medicine recommend surgical intervention for carpal tunnel syndrome for patients who have physical findings consistent with the diagnoses supported by an electrodiagnostic study that have failed to respond to conservative treatment. The electrodiagnostic study submitted for review does indicate that the injured worker has evidence of mild carpal tunnel syndrome of the left arm. This is consistent with physical findings. It is noted that the injured worker has failed to respond to physical therapy, immobilization, and non-steroidal anti-inflammatory drugs. Therefore, surgical intervention would be supported in this clinical situation. As such, the request for Open carpal tunnel release left wrist is medically necessary and appropriate.

SQ ulnar nerve trans left elbow surgery: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter Carpal Tunnel Syndrome, Chapter Elbow, Web Edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45-46..

Decision rationale: The request for SQ ulnar nerve trans left elbow surgery is medically necessary and appropriate. The American College of Occupational and Environmental Medicine recommends a continuous ulnar nerve transposition for patients who have physical findings consistent with cubital tunnel syndrome that have failed to respond to conservative treatment and are corroborated by an electrodiagnostic study. The clinical documentation submitted for review does support that the injured worker has findings consistent with cubital tunnel syndrome, supported by an electrodiagnostic study that has failed to respond to conservative treatment. Therefore, surgical intervention would be supported in this clinical situation. As such, the request for SQ ulnar nerve trans left elbow surgery is medically necessary and appropriate.