

Case Number:	CM14-0143031		
Date Assigned:	09/10/2014	Date of Injury:	11/15/2010
Decision Date:	12/26/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/03/2014

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:

According to the records made available for review, this is a 52-year-old male with an 11/15/10 date of injury. At the time (8/5/14) of request for authorization for decompression left ulnar nerve elbow with repeat left carpal tunnel and decompression of ulnar nerve, there is documentation of subjective (left shoulder and left arm pain with numbness and tingling over fingers) and objective (decreased left shoulder range of motion, positive bilateral carpal compression test, positive Phalen's sign, and positive Tinel's test on Guyon's canal) findings, imaging findings (reported electrodiagnostic studies upper extremities (1/20/13) revealed right C7 radiculopathy, right carpal tunnel, and poorly localized ulnar neuropathy; report not available for review), current diagnoses (bilateral ulnar neuritis and bilateral carpal tunnel syndrome), and treatment to date (physical therapy, home exercise program, activity modification, and medications). There is no documentation of failure of additional conservative treatment (pad/splint for a 3 month trial period); and a positive electrodiagnostic report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression Left Ulnar Nerve Elbow with Repeat Left Carpal Tunnel and Decompression of Ulnar Nerve: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 604.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 37, 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter; and Carpal Tunnel Syndrome, Surgery for Cubital Tunnel Syndrome (Ulnar Nerve Entrapment); and Carpal tunnel release surgery (CTR).

Decision rationale: Specifically regarding decompression of ulnar nerve, MTUS reference to ACOEM guidelines identifies documentation of positive electrodiagnostic studies with objective loss of function and lack of improvement with conservative care, as criteria necessary to support the medical necessity of simple decompression of the ulnar nerve. ODG identifies documentation of subjective/objective findings consistent with ulnar neuropathy, significant activity limitations, delayed NCV, and failure of conservative treatment (exercise, activity modification, medications, and pad/splint for a 3 month trial period), as criteria necessary to support the medical necessity of simple decompression of the ulnar nerve. Specifically regarding carpal tunnel release, MTUS reference to ACOEM guidelines identifies documentation of positive findings on clinical examination and the diagnosis should be supported by nerve conduction, as criteria necessary to support the medical necessity of carpal tunnel release. ODG identifies documentation of at least 2 symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)), at least 2 findings by physical exam (Durkan's compression test, Semmes-Weinstein monofilament test, Phalen Sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness (thumb abduction), no current pregnancy, at least 3 conservative treatment measures attempted (activity modification \geq 1 month, wrist splint \geq 1 month, nonprescription analgesia, physical therapy referral for home exercise training, and/or successful initial outcome from corticosteroid injection trial (optional)), and positive electrodiagnostic testing, as criteria necessary to support the medical necessity of carpal tunnel release. Within the medical information available for review, there is documentation of diagnoses of bilateral ulnar neuritis and bilateral carpal tunnel syndrome. In addition, given documentation of subjective (left arm pain with numbness and tingling over fingers) and objective (positive Phalen's sign, positive Tinel's test on Guyon's canal, and positive bilateral carpal compression test) findings, there is documentation of subjective/objective findings that is consistent with ulnar neuropathy and carpal tunnel syndrome. Furthermore, there is documentation of failure of conservative treatment (exercise, activity modification, and medications). However, despite the medical reports' reported electrodiagnostic study (right C7 radiculopathy, right carpal tunnel, and poorly localized ulnar neuropathy), there is no documentation of a positive electrodiagnostic report. In addition, specifically regarding decompression of ulnar nerve, there is no documentation of failure of additional conservative treatment (pad/splint for a 3 month trial period). Therefore, based on guidelines and a review of the evidence, the request for Decompression Left Ulnar Nerve Elbow with Repeat Left Carpal Tunnel and Decompression of Ulnar Nerve is not medically necessary.