

<b>Case Number:</b>	CM14-0151029		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	06/14/2013
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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:

The claimant is a 41-year-old female who was injured on 06/01/13 and has a current diagnosis of bilateral carpal and cubital tunnel syndrome. There is documentation of the 03/07/14 electrodiagnostic studies that were negative revealing no evidence of cubital or carpal tunnel syndrome bilaterally. The progress report of 08/14/14 describes continued cervical complaints with radiating pain into the arms and numbness to the hands. Physical examination shows positive compression and Tinel's testing at the elbows bilaterally consistent with cubital tunnel syndrome. There is also positive Tinel's and Phalen's testing at the wrists consistent with bilateral carpal tunnel syndrome. The report documents that the claimant has been treated conservatively with splinting, resting, medication management and physical therapy. The recommendation was made for right sided carpal and cubital tunnel syndrome is being recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right cubital tunnel release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37.

**Decision rationale:** Based on the California ACOEM Guidelines, the request for right cubital tunnel release cannot be recommended as medically necessary. The ACOEM Guidelines for ulnar nerve entrapment recommend that a diagnosis needs to be clearly established based on clinical evidence on physical examination and positive electrodiagnostic studies that correlate with the cubital tunnel findings. The medical records identify negative electrodiagnostic studies that fail to support the diagnosis of ulnar nerve entrapment or cubital tunnel syndrome. Therefore, the medical records do not support the ACOEM Guidelines for the proposed surgery.

**Right carpal tunnel release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270.

**Decision rationale:** Based on the California ACOEM Guidelines, the request for right carpal tunnel release is not recommended as medically necessary. The medical records include documentation that the electrodiagnostic studies are negative and do not support a diagnosis of carpal tunnel syndrome. ACOEM Guidelines recommend that both physical examination and nerve conduction testing should demonstrate the diagnosis of carpal tunnel syndrome. Without clinical support of positive electrodiagnostic studies for carpal tunnel syndrome, the requested surgical process would not be indicated.