

Case Number:	CM14-0175915		
Date Assigned:	10/29/2014	Date of Injury:	06/07/2012
Decision Date:	12/05/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/23/2014

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, has a subspecialty in 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 48-year-old male who reported an injury on 06/07/2012. The mechanism of injury was not provided. The injured worker's surgical history included a right endoscopic carpal tunnel release and open cubital tunnel release on 06/28/2013. The injured worker underwent electrodiagnostic studies on 04/24/2014, which revealed a negative study and underwent additional studies on 07/09/2014, which revealed a substantial residual right carpal tunnel release. The injured worker had left carpal tunnel syndrome that was moderate. The documentation of 08/20/2014 revealed the injured worker was utilizing vitamin B6. The injured worker had electrodiagnostic studies that were markedly different from the most recent study and had consistent findings with many of the findings on the clinical examination from the initial EMG/NCV of 2013. The objective findings were noted to be unchanged, including tenderness over the carpal and cubital tunnel on the left and diminished sensory and motor function on the left. The injured worker had persistent sensory loss on the tips of the median nerve enervated digits on the right. The medications were noted to include Diclofenac 75 mg EC tablet (1 tablet twice a day) and hydrocodone/acetaminophen 7.5/325 mg (1 tablet every 6 hours as needed for pain). The physical examination revealed a strongly positive carpal compression test on the left and Tinel's at the left wrist. The diagnosis included carpal tunnel syndrome bilaterally and cubital tunnel syndrome (unspecified laterality). The treatment plan included evaluation and possible management by neurologist with expertise in the area of EMG/NCV studies, as it was indicated the injured worker had significantly different results. A request was made for a neuroplasty transposition median nerve at left carpal tunnel/Neuroplasty transposition ulnar nerve at left cubital tunnel. There was a Request for Authorization submitted to support the requested intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuroplasty transposition median nerve at left carpal tunnel/Neuroplasty transposition ulner nerve at left cubital tunnel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 36-38, 264-265, 270, 273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Carpal tunnel release surgery (CTR); Elbow Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271, 44-49.

Decision rationale: The American College of Occupational and Environmental Medicine indicates a hand surgery consultation may be appropriate for injured workers who have red flags of a serious nature, a failure to respond to conservative management (including worksite modifications), and who have clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. Additionally, for treatment of carpal tunnel syndrome, there should be objective findings upon physical examination to support carpal tunnel syndrome, and it must be proved by electrodiagnostic studies. Additionally, they indicate a surgical consultation may be appropriate for the elbow for injured workers who have significant limitations of activity for more than 3 months, have a failure to improve with exercise programs to increase range of motion and strength of the musculature around the elbow, or who have clear clinical and electrophysiologic evidence or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. The clinical documentation submitted for review failed to provide documentation of prior therapies. There was a lack of documentation indicating clear electrodiagnostic studies, as it was indicated the injured worker was being referred to a neurologist for evaluation. Given the above and the lack of consistent findings upon EMG/NCV to support the necessity for surgical intervention, the request for Neuroplasty transposition median nerve at left carpal tunnel/Neuroplasty transposition ulnar nerve at left cubital tunnel is not medically necessary.