

<b>Case Number:</b>	CM14-0026835		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/31/2011
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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:

This is a 32 year old female who sustained an injury to the left upper extremity in a work-related accident on 1/31/11. The clinical records provided for review includes electrodiagnostic studies dated 8/27/13 that revealed mild carpal tunnel syndrome but did not identify cubital tunnel syndrome bilaterally. The clinical progress report dated 1/20/14 described neck complaints with numbness radiating down the left arm into the hand, worse at night. Physical examination showed a positive Tinel's sign at the elbow with diminished sensation of the ulnar digits as well as diminished sensation in a median nerve distribution with positive Tinel's and Phalen's testing. The report documented that conservative treatment included physical therapy, medication management with nonsteroidals, night splinting, and work restrictions. This request is for an ulnar nerve decompression with carpal tunnel release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT ULNAR NERVE DECOMPRESSION, LEFT CARPAL TUNNEL RELEASE WITH TENOSYNOVECTOMY AND INJECTION OF LOCAL ANESTHETIC:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 603-06, 263-270. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** Based on the ACOEM Guidelines, the role of ulnar nerve decompression and carpal tunnel release to be performed together would not be indicated. The medical records provided for review indicate that the claimant has mild carpal tunnel findings on electrodiagnostic studies, but there is no electrodiagnostic evidence of cubital tunnel syndrome or ulnar nerve compression. The ACOEM Guidelines recommend firm correlation between physical examination and electrodiagnostic testing for ulnar nerve decompression. Therefore, the surgical request to include both an ulnar nerve release and carpal tunnel release would not be supported.

**DURABLE MEDICAL EQUIPMENT ICE MACHINE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**POST OPERATIVE PHYSICAL THERAPY EIGHT (8) SESSIONS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**DURABLE MEDICAL EQUIPMENT- SLING:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.