

<b>Case Number:</b>	CM14-0028244		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/03/2010
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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, 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 56-year-old female who reported an injury on 10/03/2010 due to cumulative trauma while performing normal job duties. The injured worker reportedly developed right wrist and right elbow pain. The injured worker was treated conservatively with nonsteroidal anti-inflammatory drugs and splinting. The injured worker underwent an electrodiagnostic study on 01/03/2014 that documented there was evidence of mild right cubital tunnel syndrome and mild right carpal tunnel syndrome. The injured worker was evaluated on 01/03/2014. It was documented that the injured worker had a tender mass to palpation along the medial elbow region. The injured worker had a negative Tinel's sign and full range of motion of the right wrist, hand, forearm, and elbow. Surgical intervention was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT ENDOSCOPIC POSSIBLE OPEN CARPAL TUNNEL RELEASE-RIGHT ULNAR NERVE SUBMUSCULAR TRANSPOSITION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Second Edition Chapter 11, Forearm, Wrist, and Hand Complaints ACOEM Occupational Medicine Practice guidelines, Second Edition Table 11-4 - Methods of Symptom Control for Forearm, Wrist, and Hand Complaints Official Disability Guidelines (ODG) Treatment /Integrated Treatment/Disability Duration Guidelines Carpal Tunnel

Syndrome (Acute & Chronic) Online Version ( updated 01/20/ 2014) Carpal tunnel Release Surgery (CTR).

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

**Decision rationale:** The requested right endoscopic possible open carpal tunnel release, right ulnar nerve submuscular transposition is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention to the forearm, wrist, and hand when there are clear clinical examination findings to support functional deficits that are consistent with an electrodiagnostic study or imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has had conservative treatment to include immobilization, acupuncture, and nonsteroidal anti-inflammatory drugs. It is noted within the documentation that the injured worker has a palpable mass in the epicondyle region. Excision of the mass with possible ulnar nerve submuscular transposition was recommended. The clinical documentation does indicate that there was an electrodiagnostic study done that indicated mild right carpal tunnel and mild cubital tunnel syndrome symptoms. However, the clinical documentation submitted for review does not provide any significant functional deficits related to the elbow mass that would require the need for surgical intervention. As such, the requested right endoscopic possible open carpal tunnel release, right ulnar nerve submuscular transposition is not medically necessary or appropriate.