

Case Number:	CM14-0028605		
Date Assigned:	06/16/2014	Date of Injury:	10/18/2011
Decision Date:	08/13/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/06/2014

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 34-year-old female who reported an injury on 10/18/2011. The injured worker reportedly acquired left cubital tunnel syndrome after being assaulted. Current diagnoses include left carpal tunnel syndrome, left cubital tunnel syndrome, and left ulnar nerve entrapment. Treatment recommendations at that time included a repeat surgical procedure. The injured worker was evaluated on 12/06/2013. Physical examination on that date revealed normal range of motion of the right upper extremity, Wartenberg deformity on the left, positive Tinel's testing, negative ulnar tunnel syndromes, 4/5 strength, negative atrophy, positive elbow flexion testing, diminished sensation to light touch, positive scratch collapse testing, positive Phalen's testing, positive medial compression testing, and diminished radial sensation. A request for authorization was then submitted on 12/23/2013 for a left carpal, ulnar, and cubital tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT CUBITAL TUNNEL RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-66.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have significant limitations of activity for more than 3 months, fail to improve with exercise programs, and have clear clinical and electrophysiologic or imaging evidence of a lesion. Surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear, clinical evidence and positive electrical studies that correlate with clinical findings. As per the documentation submitted, there is no mention of an exhaustion of conservative treatment. There were also no imaging studies or electrodiagnostic reports submitted for this report. Therefore, the injured worker does not meet criteria as outlined by the California MTUS/ACOEM Practice Guidelines for the requested procedure. As such, the request is not medically necessary.

LEFT ULNAR NERVE RELEASE, WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45-46.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management including work site modification, and have clear clinical and special study evidence of a lesion. As per the documentation submitted, there was no mention of an exhaustion of conservative treatment including work site modification. There were also no imaging studies or electrodiagnostic reports submitted for this review to corroborate a diagnosis of carpal tunnel syndrome. Based on the clinical information received and the above-mentioned guidelines, the request is not medically necessary.

LEFT CARPAL TUNNEL RELEASE: Upheld

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

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have significant limitations of activity for more than 3 months, fail to improve with exercise programs, and have clear clinical and electrophysiologic or imaging evidence of a lesion. As per the documentation submitted, there is no mention of an exhaustion of conservative treatment. There were also no imaging studies or electrodiagnostic reports submitted for this report. Therefore, the injured worker does not meet criteria as outlined by the California MTUS/ACOEM Practice Guidelines for the requested procedure. As such, the request is not medically necessary.