

<b>Case Number:</b>	CM14-0034697		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 34-year-old gentleman who was injured in a work related accident on October 13, 2011. The medical records provided for review include a February 17, 2014 progress report describing continued neck pain aggravated by repetitive motion as well as bilateral upper extremity complaints and left greater than right wrist pain. Physical examination showed cervical paravertebral tenderness with generalized weakness and numbness of the upper extremities. There was a positive Tinel's sign at the elbow, positive Tinel's and Phalen's testing at the wrist, and tenderness noted with terminal flexion of the wrist. The claimant was diagnosed with cervical and lumbar discopathy and carpal and cubital tunnel syndrome. Electrodiagnostic studies of the upper extremities dated October 3, 2013 showed mild left ulnar neuropathy at the wrist with a diagnosis of "possible left carpal tunnel syndrome" that was nondiagnostic on testing. There was no indication of ulnar nerve compression at the elbow and there was no cervical radiculopathy noted. The recommendation was made for a medial epicondylar release with cubital tunnel decompression and carpal tunnel release procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Left Carpal Tunnel Release: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (Acute and Chronic).

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

**Decision rationale:** California ACOEM Guidelines do not support the request for left carpal tunnel surgery. ACOEM Guidelines recommend that carpal tunnel syndrome be proven by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. The claimant has negative electrodiagnostic studies documenting no formal indication of compressive findings at the left carpal tunnel. A lack of direct clinical correlation between the claimant's electrodiagnostic studies and examination would fail to support the role of the proposed surgery. Therefore, the request for Left Carpal Tunnel Release is not medically necessary and appropriate.

**12 Post-op Physical Therapy Sessions, followed by re-evaluation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**1 Wrist Sling (to be supplied):** 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.

**MEDICAL CLEARANCE TO INCLUDE: EVALUATION, CXR (CHEST X-RAY), EKG (ELECTRO CARDIOGRAPHY), LABS: PT/PTT, CMP (COMPREHENSIVE METABOLIC PANEL), UA (UNRINALYSIS):** 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.

**Left Cubital Tunnel Release with Ulnar Nerve Transposition:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37. Decision based on Non-MTUS Citation Official Disability Guidelines Indications for Surgery -cubital tunnel syndrome.

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

**Decision rationale:** California ACOEM Guidelines would not support a left cubital tunnel release or ulnar nerve transposition. The claimant's testing for review included electrodiagnostic studies which did not support ulnar compression at the elbow. The role of the proposed surgery would thus not be supported. Therefore, the request for Left Cubital Tunnel Release with Ulnar Nerve Transposition is not medically necessary and appropriate.

**Medial Epicondylar Releases:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36.

**Decision rationale:** California ACOEM Guidelines would not support the role of a medial epicondylar release. The records provided for review do not contain any documentation of treatment for the diagnosis of medial epicondylitis. Without documentation of a significant treatment course or formal physical examination findings isolating the above diagnosis, the role of operative intervention would not be supported. As such the request for Medial Epicondylar Releases is not medically necessary and appropriate.