

Case Number:	CM14-0037740		
Date Assigned:	06/25/2014	Date of Injury:	03/07/2013
Decision Date:	07/29/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/28/2014

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 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 37-year-old male who reported an injury on 03/07/2013 due to repetitive trauma while performing normal job duties. The injured worker reportedly sustained an injury to his left upper extremity. The injured worker's treatment history included carpal tunnel release and right trigger thumb release on 05/02/2013 and left carpal tunnel release and left trigger thumb release on 10/31/2013. The injured worker participated in postoperative occupational therapy, a home exercise program, and activity modifications. The injured worker was evaluated on 03/03/2014. It was documented that the injured worker had ongoing left hand numbness and achiness of the left forearm. Physical findings included a well-healed carpal tunnel release surgical scar with a trigger thumb release surgical scar and left pronator tenderness and paresthesia of the hand. A request was made for a left proximal median nerve release and anterior interosseous nerve release on 03/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left proximal median nerve release- anterior interosseous nerve release: Upheld

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

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

Decision rationale: The clinical documentation submitted for review did not provide any quantitative objective functional deficits that would benefit from surgical intervention. The American College of Occupational and Environmental Medicine (ACOEM) recommends surgical intervention to the hands and wrists when there are objective functional deficits supported by an electrodiagnostic study that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has participated in postoperative care. However, the clinical documentation does not provide a postsurgical electrodiagnostic study to evaluate for peripheral nerve entrapment or an imaging study demonstrating pronator syndrome. Therefore, surgical intervention would not be supported at this time. As such, the requested left proximal median nerve release anterior interosseous nerve release is not medically necessary.