

Case Number:	CM14-0049781		
Date Assigned:	07/07/2014	Date of Injury:	10/07/2007
Decision Date:	08/13/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/17/2014

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:

64 year old claimant with reported industrial injury on 10/7/07. Exam note 7/1/14 demonstrates report claimant underwent left carpal tunnel and cubital tunnel release on 5/21/14. Electrodiagnostic studies from 1/23/14 demonstrates severe left carpal tunnel syndrome and left ulnar neuropathy. Exam note from 5/12/14 demonstrates positive Tinel's at the left wrist and Phalen's test is negative. No documentation in records of attempt conservative therapy for wrist or elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel release, left ulna nerve release at elbow and left ulnar nerve release at wrist.: Upheld

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

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and

medications as well as a cortisone injection to help facilitate diagnosis. In this case there is lack of evidence in cited records of failed bracing or injections in the records. Therefore the request is not medically necessary. With regards to cubital tunnel surgery, CA MTUS/ACOEM is silent on the issue. According to the ODG, Elbow section, Surgery for cubital tunnel syndrome, indications include exercise, activity modification, medications and elbow pad and or night splint for a 3 month trial period. In this case there is insufficient evidence in the records that the claimant has satisfied these criteria. Therefore the requested surgical procedure is not medically necessary.

Post operative occupational therapy two times a week for four weeks.: 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: As the requested surgical procedure is not medically necessary, the determination is for non-certification for postoperative occupational therapy 2 x per week for 4 weeks.