

<b>Case Number:</b>	CM14-0053423		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/27/2010
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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, has a subspecialty in 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 38-year-old male who reported an injury on 07/27/2010. The mechanism of injury was noted to be the injured worker was utilizing a sledgehammer. Prior treatments included anti-inflammatories and a brace. It was indicated the injured worker had a history of tennis elbow surgery. The injured worker underwent a nerve conduction study on 12/18/2013, which revealed an abnormal nerve conduction study of the right median nerve. The study was consistent with both a right carpal tunnel syndrome and ulnar neuropathy at the right elbow. The most recent documentation submitted for review in relation to the carpal tunnel and cubital tunnel syndrome release was dated 12/03/2013. The injured worker was noted to have right upper extremity soreness in the lateral epicondyle. The injured worker had a Tinel's sign at the right cubital tunnel and carpal tunnel. There was no evidence of muscle atrophy. The documentation indicated that the injured worker had an objective description and physical findings. As such, the physician opined the patient may have right cubital tunnel syndrome versus right carpal tunnel syndrome, and a nerve conduction study would be ordered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Cubital Tunnel Release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45-46, Chronic Pain Treatment Guidelines Forearm, Wrist, and Hand Complaints.

**Decision rationale:** The ACOEM Guidelines indicate that a surgical consultation may be appropriate for injured workers who have significant limitation of activity for more than 3 months, failure to improve with exercise programs, and clear clinical and electrophysiologic or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The clinical documentation submitted for review failed to provide documentation of recent conservative care. Additionally, surgery for nerve entrapment, per the ACOEM Guidelines, requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrodiagnostic studies. A failure of conservative care includes full compliance in therapy, the use of elbow pads, removing opportunities to rest the elbow and the ulnar groove, work station change, and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. The clinical documentation submitted for review indicated the injured worker had physical therapy. However, there is a lack of documentation of full compliance in therapy, as recommended above. Given the above, the request for right cubital tunnel release is not medically necessary.

**Right Open Carpal Tunnel Release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The ACOEM Guidelines indicate that a hand surgery consultation may be appropriate for injured workers who have red flags of a serious nature, failure to respond to conservative treatment, and have clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical interventions. Carpal tunnel syndrome must be proved by positive findings on clinical examination, and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. The clinical documentation submitted for review indicated the injured worker had a "somewhat suspicious Tinel's sign at the right cubital tunnel and carpal tunnel." However, there was a lack of documentation indicating the injured worker had recently undergone conservative care. This physical examination was in 2013. There was a lack of documentation of a recent physical examination to support the necessity for a right open carpal tunnel release. Given the above, the request for right open carpal tunnel release is not medically necessary.