

Case Number:	CM14-0062555		
Date Assigned:	07/11/2014	Date of Injury:	06/04/2009
Decision Date:	12/23/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/05/2014

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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland, Virginia, and North Carolina. 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 patient is a 56 year old male with a reported date of injury on 6/4/09 who requested authorization for right carpal tunnel release and right cubital tunnel release. The patient has evidence of possible bilateral carpal tunnel syndrome and bilateral cubital tunnel syndrome with numbness of the bilateral upper extremities. Electrodiagnostic studies from 11/15/13 note mild bilateral carpal tunnel syndrome and mild cubital tunnel syndrome. In addition, he is noted to have a significant left-sided cervical radiculopathy and recommendation for surgical intervention. UR review dated 4/21/14 did not certify the procedures stating that the patient's physical evaluation and diagnostic studies are compatible with right carpal tunnel syndrome and right cubital tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Endoscopic, possible open Carpal Tunnel Release, Right Cubital Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Chapter, Ulnar Nerve Entrapment

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270; 36-38.

Decision rationale: The patient is a 56 year old male with signs and symptoms of possible bilateral carpal tunnel syndrome and bilateral cubital tunnel syndrome, complicated by a left cervical radiculopathy. Medical documentation detailing a comprehensive evaluation of the bilateral upper extremities with respect to nerve entrapment at the elbow and wrist was not provided in the records reviewed. This appears to have been provided to the utilization reviewer as the left sided surgery had been certified. It is reasonable to allow for surgical correction of the left side prior to intervention on the contralateral side. In addition, there is insufficient documentation provided for this review to adequately diagnose right carpal tunnel syndrome and right cubital tunnel syndrome that had failed conservative measures. Therefore, right endoscopic, possible open carpal tunnel release, right cubital release should not be considered medically necessary according to ACOEM page 270 and ACOEM, elbow complaints, pages 36-38.