

Case Number:	CM14-0074116		
Date Assigned:	07/18/2014	Date of Injury:	03/27/2011
Decision Date:	09/22/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/21/2014

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:

This is a 55 year old female with a 3/27/11 injury date. She was working at [REDACTED] doing back office work and attributes her injury to repetitive work. On 4/9/14, the patient was seen in follow-up and complained of persistent numbness and tingling of her hands with marked right elbow pain. Objective findings include positive Tinel's sign at the right median nerve, wrist level, positive Phalen's sign, and positive Durken's test. There is diminished sensation to light touch in all five digits of her right hand. EMG/NCV study on 3/17/14 of the right upper extremity demonstrates cubital tunnel syndrome, carpal tunnel syndrome, and ulnar nerve entrapment at Guyon's canal. Diagnostic impression: right carpal tunnel syndrome, right cubital tunnel syndrome, ulnar nerve entrapment in Guyon's canal. Treatment to date: physical therapy, injections, medication management, bracing, and rest. A prior UR decision on 4/24/14 approved the request for right carpal tunnel release but denied the request for right ulnar nerve release at the elbow and wrist on the basis that there was not enough information to establish medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal tunnel release and ulnar neuroplasty at Guyon's canal of the right wrist and neuroplasty of the ulnar nerve at the right wrist/elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),Section: Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Carpal Tunnel Syndrome Chapter; Elbow Chapter 10, pp.603-6;.

Decision rationale: CA MTUS criteria for carpal tunnel release include failure of non-operative treatment or severe symptoms such as continuous tingling and numbness; most patients should have had at least 1 glucocorticosteroid injection; and patients who do not have a glucocorticosteroid injection that results in at least partial benefit should have an electrodiagnostic study (EDS) consistent with CTS. In the present case, there is enough evidence to support the decision for carpal tunnel release. CA MTUS criteria for cubital tunnel release include clear clinical evidence and positive electrical studies, significant loss of function, and failed conservative care; absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. In the present case, there appears to be enough evidence to support the decision for cubital tunnel release (ulnar neuroplasty at the elbow). CA MTUS states that surgical intervention is indicated for patients with clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Surgical treatment is indicated in patients who fail to respond appropriately to conservative treatment or when symptoms recur after an initial response. Conservative treatment aimed at protecting the ulnar tunnel from trauma frequently is effective. Occasionally, surgical decompression of the ulnar tunnel is required. In the present case, there is not enough clinical information provided to give a convincing diagnosis of ulnar tunnel syndrome. Ulnar tunnel syndrome is relatively uncommon, usually associated with a history of chronic pressure exerted over the hypothenar eminence or from the use of the heel of the hand as a hammer. A more thorough clinical history and exam would need to be correlated with the EMG findings. More specifically, it would be helpful to know if there was a positive Tinel's at Guyon's canal, whether there is clawing or muscle atrophy, whether Phalen's test is positive with paresthesias over the ring and small fingers, and what the results of a two point discrimination test are. In addition, when ulnar tunnel syndrome is suspected, it is generally recommended to obtain a wrist MRI because it is common for neoplastic and vascular disorders to be causing a compressive syndrome of the nerve near Guyon's canal. Overall, based upon the provided information, it is most likely that all of the patient's symptoms and signs are caused by carpal tunnel syndrome and cubital tunnel syndrome. Therefore, the release of Guyon's canal cannot be certified at this time. However, because the release of Guyon's canal cannot be recommended, the release of the carpal and cubital tunnels also cannot be certified since it is all part of the same request. Therefore, the request for Carpal tunnel release and ulnar neuroplasty at Guyon's canal of the right wrist and neuroplasty of the ulnar nerve at the right wrist/elbow is not medically necessary.