

<b>Case Number:</b>	CM14-0097067		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	06/06/2011
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Tennessee. 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 injured worker is a 60-year-old male who noted an injury sustained while reaching and lifting 30 pound containers. The 1/22/14 qualified medical exam noted the diagnoses of mild left carpal tunnel syndrome, with cubital tunnel syndrome and Guyon's canal syndrome. On 6/2/14 the electrical study was consistent with mild left cubital tunnel syndrome and Guyon's canal entrapment. The patient reported constantly having to shake the arm and rub the arm. On exam, he had positive Durkin and Tinel's at the wrist and a strong positive Tinel's at the elbow. The 5/30/14 report by the treating physician indicated numbness could involve the entire arm and seems to start distally involving the ring and small fingers but can involve the thumb and index finger. The injured worker reported splinting has not been helpful and he currently rubs and shakes the left hand and it awakens him at night. Physical examination showed median nerve compression test and Tinel's positive on the left with a Tinel's positive at the cubital tunnel. The triceps almost subluxes the ulnar nerve just proximal to Osborne's ligament. The treating physician noted on 7/11/14 the injured worker's symptoms had improved maybe 25% with rest. The physical examination was the same. The carpal tunnel and cubital tunnel were injected with corticosteroid and local anesthetic. The injured worker was referred for physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left cubital tunnel release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Surgery for cubital tunnel syndrome.

**Decision rationale:** While the medical records provided for review do document the subjective complaints and objective findings supportive of a cubital tunnel syndrome the records do not document exhaustion of appropriate conservative treatment. Therefore the requested left cubital tunnel release cannot be considered medically necessary.

**Left carpal tunnel release:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), Carpal tunnel release surgery (CTR).

**Decision rationale:** The medical records document subjective complaints and objective findings correlating with carpal tunnel syndrome and a positive electrical study. The injured worker received a carpal tunnel injection and Physical Therapy referral on 7/11/14. Prior to considering surgical intervention the medical records need to document the patient's response to the conservative treatment instituted 7/11/14. Therefore the requested left carpal tunnel release cannot be considered medically necessary.