

<b>Case Number:</b>	CM13-0023744		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	09/26/1992
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California  
Certification(s)/Specialty: Orthopedic Surgery

### 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 53-year-old female with an industrial injury date of 09/26/1992. She complains of neck, mid back, left elbow, right shoulder and wrist pain which she attributes to the repetitive nature of her work as a typist for greater than 20 years. She presented on 09/03/2013 with neck pain that radiates to the left upper extremity with numbness and tingling. She also complains of low back pain that radiates to right lower extremity. Physical exam revealed tenderness of the cervical spine with axial loading compression test and Spurling's maneuver positive. There was a positive palmar compression test subsequent to Phalen's maneuver on exam of the wrists. There was reproducible symptomatology in the median nerve distribution involving the radial digits. Tinel's sign was positive. Lumbar spine was tender. Diagnoses: Cervico thoracic discopathy/radiculopathy. Lumbar discopathy/radiculopathy. Bilateral carpal tunnel/double crush syndrome. Rule out right shoulder impingement syndrome. Rule out internal derangement left elbow. Prior treatment included physical therapy and medications. On 09/03/2013 utilization review non-certified the request for left cubital tunnel release with ulnar nerve transposition and left carpal tunnel release. ACOEM was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 LEFT CUBITAL TUNNEL RELEASE WITH ULNAR NERVE TRANSPOSITION AND LEFT CARPAL TUNNEL RELEASE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 37, 270.

**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 evaluate 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 the records from 9/3/13 of failed bracing or injections in the records. Therefore, the determination is for non-certification.