

Case Number:	CM15-0004263		
Date Assigned:	01/16/2015	Date of Injury:	07/24/2012
Decision Date:	03/19/2015	UR Denial Date:	12/25/2014
Priority:	Standard	Application Received:	01/08/2015

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, Sports Medicine

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 52-year-old female who reported injury on 07/24/2014. Mechanism of injury was not submitted for review. Her diagnoses consist of right cubital tunnel syndrome with medial epicondylar symptoms, right carpal tunnel syndrome, left thumb stenosing tenosynovitis or trigger finger, status post left carpal tunnel release and ulnar nerve surgery in 1998. Past medical treatments consist of epidural cortisone injections, surgery, and medication therapy. Medications include clonidine, hydrochlorothiazide, Lisinopril, Percocet, and Valium. On 02/15/2013, the injured worker underwent NCV studies which revealed elevation of the right median motor nerve that had prolonged distal onset latency. The right ulnar motor nerve showed decreased conduction velocity. The right median sensory nerve showed prolonged distal peek latency and decreased conduction. On 12/10/2014, the injured worker noted pain that radiated from her hand into her upper periscapular region. She had some pain in her shoulder blade. The injured worker stated she had been working some mandatory overtime and this was causing an increase in pain. Physical examination of the injured worker's right side revealed distinct Tinel's overlying the ulnar nerve at the elbow with radiation and discomfort into the small finger with subjectively dense numbness throughout the small finger. Carpal compression testing was also positive for numbness into the long and ring digits with a positive Tinel's overlying the median nerve at the wrist. There was no evidence of tenosynovial thickening about the right thumb. Medical treatment plan discussed with the injured worker was the option of cortisone injections or surgical intervention. Rationale was not submitted for review. The Request for Authorization form was submitted on 12/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release and right ulnar nerve transposition: Upheld

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

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

Decision rationale: The request for right carpal tunnel release and right ulnar nerve transposition is not medically necessary. The California MTUS/ACOEM Guidelines state surgical considerations should be indicated for patients who have evidence of red flags of serious nature, failure to respond to conservative management including work modifications, clear clinical and special stud evidence of a lesion that has been shown to benefit in both the short and long term, from surgical intervention. It was noted that submitted documentation dated 12/10/2014 that the injured worker complained of right wrist pain. However, there were no pain assessments submitted for review via VAS. It was noted on physical examination that the injured worker had right side Tinel's over the ulnar nerve at the elbow with radiation of discomfort into the small finger with subjectively dense numbness throughout the small finger. It was also noted that there was carpal compression testing positive for numbness into the long and ring digits with a positive Tinel's overlying the median nerve at the wrist, as well. It was noted that the patient had completed physical therapy, however, the submitted documentation lacked the efficacy of prior treatment, nor was there evidence of prior or current medication therapy. Given the above, the injured worker is not within MTUS/ACOEM Guidelines. As such, the request is not medically necessary.