

Case Number:	CM15-0166163		
Date Assigned:	09/04/2015	Date of Injury:	01/05/2006
Decision Date:	10/06/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/25/2015

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: Illinois, California, Texas
 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:

This injured worker is a 48-year-old female who sustained an industrial injury on 1/5/06. Injury occurred while she was pulling nails out of concrete and pulled so hard that the hammer broke. She reported immediate pain in her neck, right shoulder, right elbow and wrist, and mid back. The 9/23/14 upper extremity electrodiagnostic studies revealed normal findings. Conservative treatment included occupational therapy, anti-inflammatory medications, oral steroids, topical analgesics, home exercise program, left wrist physical therapy, wrist splinting, and left wrist corticosteroid injection. The 6/15/15 treating physician report cited bilateral wrist pain. She was status post right carpal tunnel release and ulnar nerve decompression. She was now ready for the left carpal tunnel release. Left wrist exam documented positive Tinel's and Phalen's at the left wrist. The diagnosis included left carpal tunnel syndrome. She had failed conservative treatment including physical therapy, corticosteroid injection, splinting and anti-inflammatory medications. Authorization was requested for left carpal tunnel release and ulnar nerve decompression. The 8/18/15 utilization review certified the request for left carpal tunnel release. The request for ulnar nerve decompression was non-certified as this was not supported by electrodiagnostic studies or diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ulnar nerve decompression: Upheld

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

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) Forearm, Wrist & Hand: Guyon's canal syndrome surgery.

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who fail to respond to conservative management, and have 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. The Official Disability Guidelines support Guyon's canal syndrome surgery for ulnar nerve decompression when criteria are met. Surgical criteria include symptoms (pain/numbness/paresthesia/impaired dexterity), findings by physical exam, and failure of 3 months of conservative treatment. Guideline criteria have not been met. This injured worker presents with bilateral wrist pain. There is no current documentation of numbness, paresthesia, or impaired dexterity. Clinical exam findings are consistent with median nerve compression. There is no electrodiagnostic evidence of ulnar nerve entrapment at the wrist. There is no diagnosis of ulnar nerve entrapment. Detailed evidence of failure of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for ulnar nerve entrapment at the wrist has not been submitted. Therefore, the request is not medically necessary.