

<b>Case Number:</b>	CM15-0201123		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	08/23/2006
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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, Oregon, Washington  
 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 is a 54 year old female with a date of injury on 8-23-06. A review of the medical records indicates that the injured worker is undergoing treatment for a left wrist injury. Progress report dated 9-22-15 reports continued complaints of left hand pain, numbness and trembling. Nerve conduction velocity EMG study 9-1-15 showed residual left carpal tunnel syndrome, left ulnar neuropathy at Guyon's canal, motor neuropathy at left cubital tunnel. Physical exam: left hand measurements taken, Tinel's test at left elbow and wrist do not increase baseline numbness, phalen's test on left does not increase local numbness and positive left elbow flexion test. Treatments include: medication, physical therapy, occupational therapy, left carpal tunnel release and left cubital tunnel release. Request for authorization was made for left revision cubital tunnel, left carpal tunnel release, and left guyons ulnar decompression. Utilization review dated 9-30-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left revision cubital tunnel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Surgery for cubital tunnel syndrome.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of surgery for cubital tunnel syndrome. According to the ODG, Elbow section, Surgery for cubital tunnel syndrome, indications include exercise, activity modification, medications and elbow pad and or night splint for a 3-month trial period. In this case there is insufficient evidence in the exam note of 9/22/15 that the claimant has satisfied these criteria. Therefore, the determination is for non-certification.

**Left carpal tunnel release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Wheelless Ortho Text, Carpal tunnel; [www.ncbi.nlm.nih.gov/pubmed/1626542](http://www.ncbi.nlm.nih.gov/pubmed/1626542) - Recurrent Carpal Tunnel Syndrome and Surgery.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist / surgery for carpal tunnel syndrome.

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and stratifies 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 9/22/15 of failed bracing or injections. Therefore, the determination is for non-certification. Per ODG, The Official Disability Guidelines were also referenced for more specific recommendations. According to the Official Disability Guidelines regarding surgery for carpal tunnel syndrome, "Recommended after an accurate diagnosis of moderate or severe CTS. Surgery is not generally initially indicated for mild CTS unless symptoms persist after conservative treatment. Severe CTS requires all of the following: Muscle atrophy, severe weakness of thenar muscles, 2-point discrimination test greater than 6 mm and positive electrodiagnostic testing. Not severe CTS requires all the following: Symptoms of pain, numbness, paresthesia, impaired dexterity requiring two of the following: Abnormal Katz hand diagram scores, nocturnal symptoms, Flick sign (shaking hand); findings by physical exam, requiring two of the following including compression test, Semmes-Weinstein monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, mild thenar weakness, (thumb adduction); comorbidities of no current pregnancy; initial conservative treatment requiring three of the following: Activity modification greater than or equal to one month, night wrist splint greater than or equal to one month, nonprescription analgesia (i.e. acetaminophen), home exercise training (provided by physician, healthcare provider or therapist) or successful initial outcome from corticosteroid injection trial (optional) and positive electrodiagnostic testing." In this case there is insufficient evidence of carpal tunnel syndrome and failure of conservative management as stated above. There is insufficient evidence of

abnormal hand diagram scores, nocturnal symptoms, decreased two point discrimination or thenar weakness to warrant surgery. Therefore, the determination is non-certification.

**Left Guyon's ulnar decompression:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheelless (online) - Wrist/Hand.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist & hand / Guyon's canal syndrome surgery.

**Decision rationale:** Per ODG forearm, wrist & hand / Guyon's canal syndrome surgery, surgery is recommended after 6 months of nonoperative treatment therapy. The ODG criteria states: Criteria for Guyon's canal syndrome surgery: A. Symptoms (pain/numbness/paresthesia/ impaired dexterity) B. Findings by physical exam C. Initial conservative treatment, requiring THREE of the following: 1. Activity modification  $\geq$  6 months 2. Wrist splint  $\geq$  1 month 3. NSAIDs 4. Home exercise after initial PT/OT training  $\geq$  6 months. In this case review of the medical records from 9/22/15 do not show that this patient has fulfilled the ODG criteria for this proposed surgery. Thus, the recommendation is for non-certification.