

<b>Case Number:</b>	CM15-0204657		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	02/28/2014
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Minnesota, Florida  
 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 60 year old male, who sustained an industrial injury on 2-28-2014. Diagnoses include left cubital tunnel syndrome and left carpal tunnel syndrome. Treatments to date include activity modification, bracing, home exercise program, occupational therapy, acupuncture treatments, and cortisone injection. The records submitted for this review included a progress note dated 8-3-15, indicating there was a positive electromyogram and nerve conduction study (EMG-NCS) of the left upper extremity. On 9-21-15, he complained of ongoing symptoms in the left upper extremity including decreased grip strength and numbness of left hand digits. The physical examination documented tenderness to the left ulnar groove and positive Tinel's sign. There was tenderness to the left wrist with positive Tinel's and positive Phalen's signs. The plan of care included left ulnar nerve transposition and carpal tunnel release. The appeal requested authorization for a left ulnar nerve transposition and left carpal tunnel release. The Utilization Review dated 9-30-15, denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left ulnar nerve transposition:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007.

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Ulnar Nerve Entrapment.

**Decision rationale:** California MTUS guidelines indicate surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. A decision to operate requires significant loss of function, as reflected in significant activity limitations due to the nerve entrapment and that the patient has failed conservative care, including full compliance in therapy, use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, work station changes if applicable, and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. In this case the documentation submitted does not include electrical studies indicating the medical necessity of the requested surgical procedure. Furthermore, the guidelines support a simple decompression of the ulnar nerve rather than anterior transposition. In the absence of EMG and nerve conduction studies, the request as stated is not supported and the request is not medically necessary and has not been substantiated.

**Left carpal tunnel release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Ulnar Nerve Entrapment.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** With regard to the request for a carpal tunnel release, California MTUS guidelines state that the diagnosis must be proved by positive findings on clinical examination and nerve conduction studies before surgery is undertaken. In this case nerve conduction studies have not been provided. As such, the request for a carpal tunnel release is not supported and the request is not medically necessary and has not been substantiated.