

<b>Case Number:</b>	CM15-0048137		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	04/04/2014
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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

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 62-year-old female who reported an injury on 04/04/2014. Her diagnoses were noted to include moderate right carpal tunnel syndrome, severe bilateral ulnar sensory neuropathy, bilateral first carpometacarpal joint arthrosis grade II, right shoulder impingement syndrome, history of lumbar spine strain, rule out medial meniscus tear, right knee, complaints of depression, anxiety, and sleep difficulty. During the assessment on 01/06/2014, the injured worker complained of significant numbness and tingling in both hands with pain along the base of her thumbs. The physical examination revealed marked sensory loss in the median nerve distribution on the right and ulnar distribution bilaterally. There was positive elbow flexion test bilaterally with a positive Phalen's test bilaterally. There was a positive median nerve compression test bilaterally and a positive Tinel's over both elbows along the right wrist. The EMG/NCV studies revealed normal findings. The nerve conduction studies revealed moderate right median sensory neuropathy of the wrists and severe bilateral ulnar sensory neuropathy possibly at the elbows. The treatment plan was to recommend the injured worker see a psychologist or a psychiatrist to address her depression issues. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right carpal tunnel release endo vs open: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 603-606; 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The request for Right carpal tunnel release endo vs open is not medically necessary. The California MTUS/ACOEM Guidelines state that carpal tunnel syndrome must be proven by positive findings on clinical examination and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. However, the electromyography testing performed revealed normal findings. There was no indication of nocturnal symptoms, failure of 1 month activity modification, or indication that the injured worker wore a night wrist splint for at least 1 month. Given the above, the requested surgical intervention is not medically necessary.

**Right ulnar nerve decompression at the elbow, medical epicondylectomy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 40.

**Decision rationale:** The request for Right ulnar nerve decompression at the elbow, medical epicondylectomy is not medically necessary. The California MTUS/ACOEM Guidelines state that medial epicondylalgia is much less common than lateral epicondylalgia. Medial epicondylalgia is sometimes thought to occur concomitantly with ulnar neuropathy at the elbow. Treatment of medial epicondylalgia is inferred from the treatment of lateral epicondylalgia. The physical examination revealed a positive Tinel's over both elbows and along the right wrist. However, there was no documentation that the injured worker had failed conservative treatment prior to the requested surgical intervention. There was no indication that the injured worker used an elbow pad and/or night splinting for a 3 month trial period. As such, the request is not medically necessary.

**Cortisone injection to the right 1st CMC joint: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

**Decision rationale:** The request for Cortisone injection to the right 1st CMC joint is not medically necessary. The California MTUS Guidelines/ACOEM Guidelines state that most invasive techniques, such as needle acupuncture and injection procedures, have insignificant high quality evidence to support their use. The exception is corticosteroid injection about the tendon sheaths or possibly the carpal tunnel in cases resistant to conservative therapy for 8 to 12 weeks. For optimal care, a clinician must always try conservative methods before considering an injection. However, the clinical documentation did not indicate that the injured worker has attempted conservative therapy prior to the requested cortisone injection. Given the above, the request is not medically necessary.

**Left ulnar nerve decompression at the elbow, medical epicondylectomy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 40.

**Decision rationale:** The request for Left ulnar nerve decompression at the elbow, medical epicondylectomy is not medically necessary. The California MTUS/ACOEM Guidelines state that medial epicondylalgia is much less common than lateral epicondylalgia. Medial epicondylalgia is sometimes thought to occur concomitantly with ulnar neuropathy at the elbow. Treatment of medial epicondylalgia is inferred from the treatment of lateral epicondylalgia. The physical examination revealed a positive Tinel's over both elbows and along the right wrist. However, there was no documentation that the injured worker had failed conservative treatment prior to the requested surgical intervention. There was no indication that the injured worker used an elbow pad and/or night splinting for a 3 month trial period. As such, the request is not medically necessary.

**Cortisone injection to the left 1st CMC joint:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

**Decision rationale:** The request for Cortisone injection to the left 1st CMC joint is not medically necessary. The California MTUS Guidelines/ACOEM Guidelines state that most invasive techniques, such as needle acupuncture and injection procedures, have insignificant high quality evidence to support their use. The exception is corticosteroid injection about the tendon sheaths or possibly the carpal tunnel in cases resistant to conservative therapy for 8 to 12 weeks. For optimal care, a clinician must always try conservative methods before considering an injection. However, the clinical documentation did not indicate that the injured worker has attempted conservative therapy prior to the requested cortisone injection. Given the above, the request is not medically necessary.

