

Case Number:	CM15-0052856		
Date Assigned:	03/26/2015	Date of Injury:	04/14/2008
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/20/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 45-year-old female, who sustained an industrial injury on 4/14/08. She reported left elbow pain that radiated into the upper arm. The injured worker was diagnosed as having left elbow ulnar neuropathy, left medial epicondylitis, bilateral ulnar neuropathy at the elbow, moderate left carpal tunnel syndrome, mild to moderate right carpal tunnel syndrome, and right upper extremity pathology secondary to compensatory injury. Treatment to date has included left shoulder arthroscopy with revision acromioplasty, revision Mumford procedure, extensive debridement, anterior capsulorrhaphy, and pain catheter insertion on 8/15/08. An electromyogram/nerve conduction velocity study performed on 1/20/15 was noted to reveal bilateral ulnar neuropath at the elbow and moderate left carpal tunnel syndrome. Currently, the injured worker complains of pain in the shoulder, elbow, arm, hand, fingers, and back. The treating physician requested authorization for left carpal tunnel release and left elbow ulnar transposition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery-Carpal Tunnel Release.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Chapter 11, 272.

Decision rationale: The patient is a 45-year-old female with signs and symptoms of possible left carpal tunnel syndrome. Electrodiagnostic studies have indicated a moderate carpal tunnel syndrome on the left. However, recommended conservative management has not been adequately documented. From Table 11-7, page 272: Injection of corticosteroids into the carpal tunnel in mild or moderate cases of CTS after trial of splinting and medication. This conservative management including splinting and steroid injection has not been documented. Therefore, left carpal tunnel release is considered not medically necessary.

Left elbow ulnar transposition: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603, 605. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery-Surgery for cubital tunnel syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 19.

Decision rationale: The patient is a 45 year old female with signs and symptoms of possible left elbow ulnar entrapment neuropathy. This is supported by electrodiagnostic studies. Improvement has failed despite conservative management of steroid injection and medical management. However, further conservative management is recommended, as stated on page including: These treatment options are recommended: Elbow padding [Insufficient Evidence (I), Recommended]. Avoidance of leaning on the ulnar nerve at the elbow [Insufficient Evidence (I), Recommended]. Avoidance of prolonged hyperflexion of the elbow [Insufficient Evidence (I), Recommended] and; Although not particularly successful for neuropathic pain, utilization of NSAIDs. In addition, from page 37, 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, workstation changes (if applicable), and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. Therefore, left ulnar transposition nerve transposition at the elbow is not medically necessary.