

<b>Case Number:</b>	CM15-0084592		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	09/24/2013
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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:

The injured worker is a 41-year-old female who sustained an industrial injury on 9/24/13. The mechanism of injury was not documented. Past surgical history was positive for left deQuervains release in 9/2013 and right deQuervains release in 12/2013, and right carpal tunnel release in 12/2013. She had not returned to work. Records documented conservative treatment to include medications (anti-inflammatory, pain, and muscle relaxants). There were requests noted for bracing but no evidence that this was performed. The 2/10/15 electrodiagnostic report documented evidence of moderate bilateral carpal tunnel syndrome, worse on the right, and mild left ulnar mononeuropathy at the elbow. The right ulnar response was normal. The 3/19/15 treating physician handwritten report cited bilateral wrist pain and continued pain and numbness both elbows. Physical exam documented positive Phalen's and Tinel's tests at the wrists bilateral. The remainder was illegible. The diagnosis was bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, and bilateral forearm tendinitis. The treatment plan recommended medications to include Norco, Soma, and Valium. Authorization was requested for left carpal tunnel release and left cubital tunnel release, and associated surgical services, pre-operative physical clearance (urinalysis, complete blood count and Chem 7 and an EKG) and post-operative occupational therapy 2 times 6 sessions. The 4/17/15 utilization review non-certified the left carpal tunnel release as guideline criteria for subjective findings had not been met, and there was no evidence of conservative trial and failure. The request for cubital tunnel release was non-certified as there was no documentation of significant functional and activity limitation, and no detailed evidence of 3-6 months of guideline-recommended conservative treatment trial and failure.

## 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 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 45-48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014, Carpal Tunnel Syndrome/Carpal Tunnel Release Surgery.

**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) Carpal tunnel syndrome, Carpal tunnel release surgery (CTR).

**Decision rationale:** The California MTUS guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. The Official Disability Guidelines provide clinical indications for carpal tunnel release that include specific symptoms (abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick Sign), physical exam findings (compression test, monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness), conservative treatment (activity modification, night wrist splint, non-prescription analgesia, home exercise training), successful corticosteroid injection trial, and positive electrodiagnostic testing. Guideline criteria have not been met. This injured worker presents with bilateral wrist pain. Clinical exam evidence is consistent with electrodiagnostic evidence of mild carpal tunnel syndrome. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary at this time.

### **Left Cubital Tunnel Release: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition, 2014, Elbow/Surgery for Cubital Tunnel Syndrome.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-37.

**Decision rationale:** The California MTUS guidelines state that 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,

workstation changes (if applicable), and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. Absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. Guideline criteria have not been met. This injured worker presents with bilateral elbow pain and numbness. Associated clinical exam findings are not documented. There is electrodiagnostic evidence of mild left cubital tunnel syndrome. Detailed evidence of 3 to 6 months of a recent, reasonable and/or comprehensive non-operative guideline- recommended treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

**Pre-Operative Physical Clearance (UA, CBC, Chem 7, EKG): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post-Operative Occupational Therapy (12-sessions, 2 times a week for 6-weeks): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.