

Case Number:	CM14-0000726		
Date Assigned:	01/22/2014	Date of Injury:	10/27/2006
Decision Date:	05/07/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/02/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 62-year-old male who sustained an injury to his upper extremity on 10/27/06. The clinical records provided for review document a diagnosis of carpal tunnel syndrome and impingement of the ulnar nerve at the Guyon's canal. After failure of conservative care, the claimant underwent an ulnar nerve decompression at Guyon's canal for a "lengthening procedure" of the transverse carpal ligament for decompressive purposes on 07/17/12. Postoperatively, the documentation indicated that the claimant did well but presently has a complaint of persistent numbness of the wrist. Recent conservative treatment was identified as splinting and previous steroid injections. Physical examination performed on 11/20/13 showed a positive Tinel's, Durkan's and Phalen's testing with numbness radiating into the median nerve digits of the index and long fingers and weakened grip strength. Based on failed conservative care, the recommendation for median nerve release, neurolysis of the median and ulnar nerve and ulnar nerve release at the wrist was made. The medical records provided did not contain any postoperative electrodiagnostic studies for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAN NERVE RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270.

Decision rationale: The request for a median nerve release cannot be recommended as medically necessary. The ACOEM Guidelines require electrodiagnostic studies to correlate with the claimant's physical examination findings prior to proceeding with median nerve or nerve related procedures. Records in this case, while indicating the previous surgical process, do not contain postoperative electrodiagnostic studies for review. The absence of the above, would fail to necessitate the surgery as requested.

MICRO NEUROLYSIS OF THE MEDIAN AND ULNAR NERVE: 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): 265,270. Decision based on Non-MTUS Citation Wheelless Textbook of Medicine Online Tunnel of Guy.

Decision rationale: Based on lack of documentation of electrodiagnostic studies and correlation between electrodiagnostic studies and examination findings, the need for the micro neurolysis of the median and ulnar nerve cannot be recommended as medically necessary

ULNAR NEURITIS RELEASE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheelless Textbook of Medicine Online: Tunnel of Guyon

Decision rationale: Based on lack of documentation of electrodiagnostic studies and correlation between electrodiagnostic studies and examination findings, the need for the ulnar neuritis release cannot be recommended as medically necessary.