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| Case Number: | CM14-0128678 | | |
| Date Assigned: | 09/22/2014 | Date of Injury: | 06/03/2013 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 07/18/2014 |
| Priority: | Standard | Application Received: | 08/11/2014 |

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:

The claimant is a 50 year old female who experienced an onset of right upper extremity complaints as a result of a work related accident on 06/03/13. The medical records provided for review included the report of electrodiagnostic studies of the upper extremities dated 09/24/13 that was normal with no documented evidence of compressive findings at the cervical level, elbow or wrist. There was also no documentation of carpal or cubital tunnel findings or compression of the median or ulnar nerves. The clinical follow up report dated 6/23/14 described continued complaints of pain in the right upper extremity and subjective complaints to all five digits of the right hand. The report documented that the claimant has been treated conservatively with nocturnal splinting, nonsteroidal medications and electrodiagnostic studies. Physical examination revealed positive Tinel's and Phalen's testing at the wrist and positive Tinel's testing at the elbow. Based on failed conservative care and the negative electrodiagnostic studies, the recommendation was made for a right carpal tunnel release and cubital tunnel ulnar nerve decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ULNAR NERVE DECOMPRESSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

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

Decision rationale: Based on the California ACOEM Guidelines, the request for right ulnar nerve decompression is not recommended as medically necessary. ACOEM Guidelines recommend firm establishment of the diagnosis based on both physical examination findings and electrodiagnostic testing. The electrodiagnostic studies fail to identify compressive pathology at the ulna nerve to confirm the diagnosis. Therefore, the request for ulnar nerve decompression cannot be supported in the presence of negative electrodiagnostic studies.

RIGHT CARPAL TUNNEL RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

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

Decision rationale: The California ACOEM Guidelines also would not support a right carpal tunnel release procedure for this claimant. The electrodiagnostic studies do not identify the presence of compressive finding at the carpal tunnel. ACOEM Guidelines recommend that both physical examination findings and electrodiagnostic studies should be positive for the diagnosis of carpal tunnel syndrome prior to consideration for surgery. Therefore, the medical records do not support the proposed right carpal tunnel release.