

<b>Case Number:</b>	CM14-0139529		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/07/2012
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Surgeon, has a subspecialty in Hand Surgeon and is licensed to practice in Texas. 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 injured worker is a 50-year-old who reported an injury on 01/07/2012. The mechanism of injury was cumulative trauma. The injured worker was noted to undergo an x-ray of the right hand on 01/20/2012 which revealed mild degenerative changes of the hand with no fracture lines or dislocations. The surgical history included a right ring finger subcutaneous nodule excisional biopsy measured approximately 2 cm, tenolysis flexor digitor and profundus tendon proximal to the A1 pulley. Additionally, the procedure included a tenolysis of the flexor digitor and superficialis proximal to the A1 pulley and an administration of a digital block for postoperative analgesia. The injured worker got a carpal tunnel cortisone injection in the left wrist. The prior therapies included physical therapy, surgical intervention, and medications. The injured worker's medications included Anaprox 550 mg 1 by mouth twice a day #60 and Cyclobenzaprine 7.5 mg 1 tablet twice a day. The injured worker underwent a nerve conduction study on 02/17/2014 which revealed the examination was within normal limits. There was no evidence to suggest carpal tunnel syndrome or evidence to suggest ulnar neuropathy at the wrist or the elbow. The documentation of 07/16/2014 revealed the injured worker continued to have right wrist pain. The pain was in the volar aspect of the wrist that radiated to the hand and upwards to the elbow and shoulder. The pain was burning. The documentation indicated the injured worker had not had any help with injections or bracing. The physical examination revealed a positive Tinel's sign at the right carpal tunnel and Tinel's sign at the cubital tunnel. The injured worker had a positive Durkan's and a positive Phalen's on the right side and elbow hyperflexion on the right. The diagnosis included right carpal tunnel syndrome and cubital tunnel syndrome electrically negative. The physician documented the injured worker had symptoms and signs consistent with nerve compression and had not gotten any relief with conservative measures including injections, bracing, and occupational therapy. The treatment plan included a right carpal tunnel release and

right cubital tunnel release, 90 tablets of Gabapentin, 90 tablets of Tramadol, 90 tablets of Omeprazole, and Ketoprofen cream. There was a detailed Request for Authorization 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 270.

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

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates surgical consultations may be appropriate for injured workers who have a failure to respond to conservative management including work site modifications and have clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. Additionally, carpal tunnel syndrome must be proved by positive findings on physical examination as well as there should be support of a nerve conduction study before the surgery is undertaken. The clinical documentation submitted for review failed to meet the above criteria. There was a lack of documentation indicating the injured worker had objective findings by nerve conduction study. Given the above, the request for right carpal tunnel release is not medically necessary.

**Right cubital tunnel release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 240.

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

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates a surgical consultation may be appropriate for injured workers who have significant limitations of activity for more than 3 months, a failure to improve with an exercise program to increase range of motion and strength of the musculature, or clear clinical and electrophysiologic or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. There should be documentation of a significant loss of function, including significant activity limitations due to the nerve entrapment and documentation the injured worker has failed conservative care including full compliance therapy, the use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, work station changes (if applicable), and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. The clinical documentation submitted for review indicate the injured worker had objective findings upon physical examination. There was a lack of documentation indicating a failure of the recommended conservative care. There was no electrophysiologic evidence to support the surgical intervention. There was a lack of documentation of exceptional factors to warrant

nonadherence to guideline recommendations. Given the above, the request for right cubital tunnel release is not medically necessary.

**Endoscopy assist:** 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.

**Anesthetic injection:** 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.