

<b>Case Number:</b>	CM14-0095260		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 34-year-old gentleman who felt a pop in his right wrist while working as a roofer on 06/25/13. The medical records provided for review included an MRI that was negative for ligamentous or osseous findings. The results of electrodiagnostic studies performed on 10/7/13 revealed right median nerve compression at the wrist affecting the sensory component. There was no indication of ulnar compressive pathology at the elbow. The follow-up report of 04/29/14 noted continued carpal tunnel symptoms. Physical examination showed diminished grip strength, a positive Tinel's and Phalen's test at the wrist, and no thenar atrophy. There was no documentation of examination findings of the elbow. It was documented that the claimant failed conservative care consisting of medications, wrist bracing, and physical therapy. This review is for both right carpal tunnel and cubital tunnel release surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right carpal tunnel release and Right cubital 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 - Carpal Tunnel Syndrome Chapter

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

**Decision rationale:** Based on California ACOEM Guidelines the request for surgery consisting of right carpal tunnel and right cubital tunnel release would not be supported. The medical records provided for review do not document evidence of cubital tunnel syndrome. There is also no documentation of conservative treatment for the claimant's elbow, positive physical examination findings at the elbow, or evidence of a electrodiagnostic studies supporting cubital tunnel syndrome or ulnar compressive findings. ACOPEM Guidelines recommend 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 Without firm establishment of a diagnosis of cubital tunnel syndrome the dual surgical request in this case would not be supported as medically necessary.