

Case Number:	CM14-0212330		
Date Assigned:	01/02/2015	Date of Injury:	11/20/2013
Decision Date:	02/23/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: California, Tennessee, South Carolina
 Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 35-year-old male with an 11/20/13 date of injury. At the time (11/24/14) of request for authorization for right carpal tunnel release, right radial nerve decompression with lateral epicondylar release and drilling, and associated surgical services: post-op physical therapy 2x4 weeks, there is documentation of subjective (right elbow/hand pain, popping of lateral elbow, and numbness/tingling over right hand) and objective (positive carpal compression test for numbness over right ring finger, painful extension of long finger against resistance, dorsal boss at the level of carpometacarpal joint of index as well as long fingers, and tenderness over proximal forearm as well as extensor musculature) findings, imaging findings (electrodiagnostic studies upper extremities (8/12/14) revealed no evidence of radial, ulnar or median neuropathy; and no evidence of radiculopathy or plexopathy), current diagnoses (lateral epicondylitis of right elbow, radial tunnel syndrome, and right carpal tunnel syndrome), and treatment to date (physical therapy, acupuncture therapy, cortisone injections, elbow support, and medications). There is no documentation of positive electrodiagnostic testing. In addition, specifically regarding carpal tunnel release, there is no documentation of at least 2 symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)); and additional findings by physical exam (Semmes-Weinstein monofilament test, Phalen Sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness (thumb abduction)). Furthermore, specifically regarding right radial nerve decompression and lateral epicondylar release and drilling, there is no documentation of clear clinical evidence of a lesion; and significant activity limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release, right radial nerve decompression with lateral epicondylar release and drilling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270, 44-45, 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270; 587; and 583. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome; Elbow, Carpal tunnel release surgery (CTR); Surgery for radial tunnel syndrome (lesion of radial nerve); and Surgery for epicondylitis.

Decision rationale: Specifically regarding carpal tunnel release, MTUS reference to ACOEM guidelines identifies documentation of positive findings on clinical examination and the diagnosis should be supported by nerve conduction, as criteria necessary to support the medical necessity of carpal tunnel release. ODG identifies documentation of at least 2 symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)), at least 2 findings by physical exam (Durkan's compression test, Semmes-Weinstein monofilament test, Phalen Sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness (thumb abduction)), no current pregnancy, at least 3 conservative treatment measures attempted (activity modification \geq 1 month, wrist splint \geq 1 month, nonprescription analgesia, physical therapy referral for home exercise training, and/or successful initial outcome from corticosteroid injection trial (optional)), and positive electrodiagnostic testing, as criteria necessary to support the medical necessity of carpal tunnel release. Specifically regarding radial nerve decompression, MTUS reference to ACOEM identifies documentation of a firm diagnosis on the basis of clear clinical evidence; positive electrical studies that correlate with clinical findings; significant loss of function, as reflected in significant activity limitations due to the nerve entrapment; and that the patient has failed at least 3-6 months of conservative care, as criteria necessary to support the medical necessity of radial nerve decompression. ODG identifies documentation of 3-6 months of conservative treatment; positive electrodiagnostic studies; and objective evidence of loss of function, as additional criteria necessary to support the medical necessity of radial nerve decompression. Specifically regarding lateral epicondylar release, MTUS reference to ACOEM identifies documentation of significant limitations of activity for more than 3 months; failed to improve with exercise programs to increase range of motion and strength of the musculature around the elbow; 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, as criteria necessary to support the medical necessity of elbow surgery. ODG identifies documentation of severe entrapment neuropathies; failure to improve with NSAIDs, elbow band/straps, activity modification, and PT exercise programs to increase range of motion and strength of the musculature around the elbow; long term failure with at least one type of injection, as additional criteria necessary to support the medical necessity of lateral epicondylar release. Within the

medical information available for review, there is documentation of diagnoses of lateral epicondylitis of right elbow, radial tunnel syndrome, and right carpal tunnel syndrome. In addition, there is documentation of findings by physical exam (Durkan's compression test); and failure of at least 3 conservative treatment measures attempted (nonprescription analgesia, physical therapy, and corticosteroid injection). However, given documentation of electrodiagnostic testing (no evidence of radial, ulnar or median neuropathy; and no evidence of radiculopathy or plexopathy), there is no documentation of positive electrodiagnostic testing. In addition, specifically regarding carpal tunnel release, there is no documentation of at least 2 symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)); and additional findings by physical exam (Semmes-Weinstein monofilament test, Phalen Sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness (thumb abduction)). Furthermore, specifically regarding right radial nerve decompression and lateral epicondylar release and drilling, there is no documentation of clear clinical evidence of a lesion; and significant activity limitations. Therefore, based on guidelines and a review of the evidence, the request for right carpal tunnel release, right radial nerve decompression with lateral epicondylar release and drilling is not medically necessary.

Associated surgical services: Post-op physical therapy 2x4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.