

Case Number:	CM14-0213045		
Date Assigned:	12/30/2014	Date of Injury:	09/16/2014
Decision Date:	02/20/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/19/2014

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
 Certification(s)/Specialty: Orthopedic Surgery

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 50 year old female with a 9/16/14 injury date. The mechanism of injury was described as repetitive motion. In an 11/24/14 note, the patient complained of bilateral hand pain and numbness. Objective findings included intact sensation, positive Tinel's sign at the bilateral cubital and carpal tunnels, positive Durken's compression test, no motor deficits, and no abductor pollicis brevis atrophy. A 9/26/14 electrodiagnostic study revealed bilateral carpal tunnel syndrome, right greater than left. Diagnostic impression: right carpal tunnel syndrome. Treatment to date: physical therapy, medications, and bracing. A UR decision on 12/3/14 modified the request for right endoscopic carpal tunnel release, antebrachial fasciotomy, elbow ulnar nerve in-situ decompression vs. subcutaneous transposition to allow for right endoscopic carpal tunnel release ONLY. There was limited support in the literature for the performance of an adjunctive procedure such as antebrachial fasciotomy, and the electrodiagnostic studies did not support a diagnosis of cubital tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Endoscopic Carpal Tunnel Release, Antebrachial Fasciotomy, Elbow Ulnar Nerve In-situ Decompression Vs. Subcutaneous Transposition: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 37, 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Procedure Summary last updated (05/15/2014)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 203-206; 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Carpal Tunnel Syndrome Chapter-Carpal tunnel release

Decision rationale: The California MTUS criteria for carpal tunnel release include failure of non-operative treatment or severe symptoms such as continuous tingling and numbness; most patients should have had at least 1 glucocorticosteroid injection; and patients who do not have a glucocorticosteroid injection that results in at least partial benefit should have an electrodiagnostic study (EDS) consistent with CTS. The California MTUS criteria for cubital tunnel release include clear clinical evidence and positive electrical studies, significant loss of function, and failed conservative care; absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. However, in this case there was limited evidence of loss of function and previous conservative treatment as they related to the patient's cubital tunnel symptoms. In addition, the electrodiagnostic study was not consistent with cubital tunnel syndrome. Although there was good evidence to proceed with a right carpal tunnel release, the procedure as a whole cannot be considered medically necessary given the lack of support for cubital tunnel decompression. In addition, the previous UR decision has already modified to allow for a right carpal tunnel release ONLY. Therefore, the request for right endoscopic carpal tunnel release, antibrachial fasciotomy, elbow ulnar nerve in situ decompression vs. subcutaneous transposition is not medically necessary.