

Case Number:	CM14-0036750		
Date Assigned:	06/25/2014	Date of Injury:	10/14/2009
Decision Date:	01/23/2015	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/26/2014

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 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 58-year-old female who reported an injury on 10/14/2009. The mechanism of injury involved repetitive activity. The current diagnoses include status post left ulnar nerve decompression at the elbow and left carpal tunnel release with recurrent left carpal tunnel syndrome and left ulnar nerve compression at the Guyon's canal, left small finger proximal interphalangeal joint flexion contracture, and cervical/thoracic spine pain. The injured worker presented on 1/27/2014 with complaints of persistent numbness in the right and small fingers of the left hand and numbness in the thumb, index, and middle fingers. Previous conservative treatment is noted to include medication management, physical therapy, and splinting. Upon examination, there was a well healed medial scar on the left elbow, normal range of motion of the elbow, positive elbow flexion test on the left, a well healed left carpal tunnel incision, 30 degree flexion contracture of the left small finger, 30 to 85 degree range of motion of the left small finger PIP joint, positive Phalen's test on the left, and diminished grip strength on the left. There was also diminished light touch sensation in the left median and ulnar nerve distributions at the wrist. Treatment recommendations at that time included an open left median and ulnar nerve decompression at the wrist with postoperative medication and physical therapy. A Request for Authorization form was then submitted on 02/25/2014. It is noted that the injured worker underwent electrodiagnostic studies on 01/10/2014, which revealed evidence of entrapment neuropathy of the median nerve at the bilateral wrists and left ulnar neuropathy of chronic type on the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open left median and ulnar nerve decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 270. Decision based on Non-MTUS Citation ACOEM New Elbow Chapter, pg. 40-43, table 4, Surgical Considerations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 45-46; 270-271.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management including worksite modifications, and have clear clinical and special study evidence of a lesion. Carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Prior to surgical consultation for the elbow, there should be documentation of significant limitation of activity for more than 3 months, a failure to improve with exercise programs, and clear clinical and electrophysiologic or imaging evidence of a lesion. According to the documentation provided, the injured worker has undergone a left cubital tunnel release and left carpal tunnel release. The injured worker does have recent electrodiagnostic evidence of entrapment neuropathy of the median nerves at the bilateral wrist and a left ulnar neuropathy of chronic type on the left side. However, there is no documentation of a recent failure of conservative management for the left wrist including activity modification and cortisone injection. A left carpal tunnel release cannot be determined as medically appropriate in this case. With regard to the ulnar nerve release, there was no objective evidence of ulnar neuropathy. Therefore, the left ulnar decompression cannot be determined as medically appropriate in this case.