

<b>Case Number:</b>	CM15-0017911		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	06/01/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: Illinois, California, Texas  
 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:

The injured worker is a 47 year old female, who sustained an industrial injury on 6/1/2013. The 9/23/14 electrodiagnostic study evidenced mild right and borderline left carpal tunnel syndrome. There was no documented evidence of ulnar neuropathy. Records documented conservative treatment to include splinting, elbow pad, home exercise program, occupational therapy, ergonomic evaluations, and injections. The patient has reported benefit to conservative treatment following treatment, but continued episodic flares with work duties. The 12/12/14 treating physician report cited persistent right cubital tunnel symptoms. Carpal tunnel symptoms were about 80 to 90% better after the recent injection, with virtually no symptoms on the left. Physical exam documented positive Tinel's and Durkan's at the wrist, and hypoesthesia in the median and ulnar nerve distribution on the right side. Two point discrimination was 6 mm versus 5 mm elsewhere. Elbow exam documented the nerve to be stable in the groove with positive Tinel's and flexion compression test. The diagnosis was right cubital and carpal tunnel syndrome. Given her persistent symptoms, despite injection and avoidance of elbow pressure or prolonged stretch, cubital tunnel release and carpal tunnel release was recommended. On 12/30/2014, Utilization Review had non-certified a request for right simple cubital tunnel release and right open carpal tunnel release. The California MTUS ACOEM and Official Disability Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Simple Cubital Tunnel Release;:** Overturned

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

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

**Decision rationale:** The California MTUS guidelines state that cubital tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. Guideline criteria have been met. This patient presents with persistently significant clinical findings (despite the negative electrodiagnostics) of cubital tunnel syndrome. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial without sustained benefit has been submitted. An ergonomic evaluation was performed. Therefore, this request is medically necessary.

**Open Carpal Tunnel Release:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Release

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-37.

**Decision rationale:** The California MTUS guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. Guideline criteria have been met. This patient presents with significant subjective and objective (including electrical studies) findings of carpal tunnel syndrome. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial without sustained benefit has been submitted. An ergonomic evaluation was performed. Therefore, this request is medically necessary.