

<b>Case Number:</b>	CM15-0129808		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: California, Indiana, Oregon  
 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 53 year old man sustained an industrial injury on 2/26/2013 after tripping over a steel cage. He did not receive treatment until the following day when he continued to have pain and swelling in the knee and ankle. Evaluations include undated bilateral hand and wrist x-rays, left wrist MRI dated 8/23/2013, electromyogram/nerve conduction studies of the bilateral upper extremities dated 4/18/2014. Diagnoses include bilateral carpal tunnel syndrome, bilateral guyon canal syndrome, right cubital tunnel syndrome, peripheral neuropathy, cervical radiculopathy, double crush syndrome, bilateral middle finger metacarpophalangeal joint synovitis, and rule out scapholunate tear, lunotriquetral tear, and TFC tears of the bilateral wrists. Treatment has included oral medications and physical therapy. Physician notes dated 5/18/2015 show complaints of bilateral hand and wrist pain with tingling in the fingertips and radiation to the forearms. Recommendations include bilateral wrist MRIs, updated cervical spine MRI, bilateral staged surgical intervention, and follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left ulnar nerve decompression at the wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, Guyon's canal syndrome surgery.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 18.

**Decision rationale:** CA MTUS/ACOEM Elbow Complaints Chapter 10 (2007 supplement) page 18 states that focused NCS/EMG with inching technique is required for the accurate diagnosis of cubital tunnel syndrome. In this case, the NCS demonstrates ulnar nerve compression at the elbow, but there is no evidence of compression at the wrist. Release of the ulnar nerve at the wrist is not medically necessary.