

<b>Case Number:</b>	CM15-0077981		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	04/10/2014
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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

Certification(s)/Specialty: Orthopedic Surgery, Hand 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:

The injured worker is a 30-year-old man who had a slip and fall on April 10, 2014. No severe injuries, such as a fracture or dislocation, were identified. Evaluation has included multiple x-rays, low back MRI on more than one occasion, right wrist MRI and upper and lower extremity electrodiagnostic testing. He reports persistent pain in his head, neck, throughout the right upper extremity, low back and throughout the right lower extremity to the toes. There has been no improvement with time, therapy, chiropractic or lumbar epidural steroid injection. In an initial orthopaedic evaluation of 03/18/2015, the injured worker complained of constant sharp pain in the right hand and wrist. Objective findings were notable for nonspecific tenderness diffusely, positive Tinel's and Phalen's tests in the right cubital tunnel and inconsistent static 2 point discrimination testing. The request is for authorization of cubital tunnel release of the right elbow with possible medial epicondylectomy vs. transposition and open vs. endoscopic right carpal tunnel release and 12 sessions of post-operative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cubital Tunnel Release Right Elbow with Possible Medical Epicondylectomy versus Transposition and Open versus Endoscopic Right Carpal Tunnel Release: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-270; 356-358.

**Decision rationale:** The California MTUS notes that, "traditional findings of carpal tunnel syndrome have limited specific diagnostic value (p 258) and, "surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings." The September 11, 2014 electrodiagnostic testing fails to substantially support the diagnoses of carpal tunnel syndrome and cubital tunnel syndrome. For example, the distal median motor onset latency of 3.8 ms, sensory peak latency of 3.1 ms and short segment median conduction latency of 2.0 ms all fall well within accepted normal limits and electromyography throughout the extremity was normal. There was mild slowing of ulnar motor conduction across the elbow to 43 m/s. In this clinical scenario, the history and majority of the objective findings are inconsistent with a diagnosis of carpal and/or cubital tunnel syndrome. The proposed surgeries are not reasonably expected to bring about functional improvement such as return to work and are not medically necessary.

**Post Operative Physical Therapy (12-sessions):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.