

Case Number:	CM13-0020792		
Date Assigned:	01/15/2014	Date of Injury:	06/11/2008
Decision Date:	12/05/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/06/2013

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 Surgeon and is licensed to practice in Arizona. 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:

This is a 41-year-old female with a date of injury of 6/11/2008. As a result of the injury, she allegedly developed a left ulnar nerve neuropathy at the elbow. Patient has a history of diabetes, she has previously undergone bilateral carpal tunnel releases and on 4/18/2013 she underwent a right ulnar nerve decompression. The progress note dated 9/4/2013 states the patient continues to have left elbow complaints. She has a Tinel at the elbow which reproduces symptoms in her little and ring finger. She has a positive hyperflexion test. There is no muscle atrophy and she has slight weakness in her grip compared with the right side. The patient has exhausted non-operative treatment including activity modification, occupational therapy, splints, the use of anti-inflammatory medication yet she continues to have symptoms. A request is made for a decompression of the right ulnar nerve at the elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT ELBOW ULNAR NERVE DECOMPRESSION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-38, TABLE 2,13.

Decision rationale: The ACOEM guidelines state that 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. A decision to operate requires significant loss of function, as reflected in significant activity limitations due to the nerve entrapment and that the patient has failed conservative care. This patient has failed conservative care but there is no documentation of significant loss of function to substantiate the diagnosis of ulnar nerve neuropathy except a 25% loss of grip strength when comparing the left hand to the right. There is no documentation of weakness or atrophy of the hand intrinsics or extraosseous muscles. In addition the positive Tinel test over the condylar groove segment is thought not to be helpful as it is often abnormal in the absence of symptoms. There is a UR report that states that electrodiagnostic studies were done on 6/29/2011 and they showed normal ulnar nerve motor and sensory conduction at the elbow. Therefore, for the above reasons, the medical necessity for an ulnar nerve decompression has not been established.

POST-OPERATIVE PHYSICAL THERAPY TIMES EIGHT: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

PRE-OPERATIVE VISIT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7 page(s) <127

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.