

Case Number:	CM13-0028118		
Date Assigned:	11/22/2013	Date of Injury:	10/11/2010
Decision Date:	02/24/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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 claimant is a 49-year-old gentleman who was injured in a work related accident on October 11, 2010. Specific to the left upper extremity in this case, for review are electrodiagnostic studies dated April 18, 2013 showing both the EMG and NCS to be within normal limits. There was noted to be a mild delay in conduction velocity of the left ulnar and median nerves, however, findings fit normal limit criteria. A followup clinical report of August 27, 2013 with [REDACTED] indicated diagnoses of left elbow residual loose bodies and posttraumatic arthrosis, status post a prior left elbow surgery with ulnar neuropathy. He states that he has already performed a recent arthroscopic lysis of adhesions and a "clean out of loose bodies". He deemed that this was not sufficient enough to regain motion as well as the fact that the claimant is now suffering from ulnar nerve entrapment. Recommendations at that time were, given the claimant's arthrosis, were for an open lysis of adhesions with an ulnar nerve transposition. Physical exam findings at that time showed the elbow to be with 20 to 85 degrees of range of motion, diminished left hand grip strength and no other formal findings documented. Specific care in regards to the claimant's ulnar entrapment is not noted as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

open lysis adhesion debridement for the left elbow and possible left ulnar nerve transfer:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37.

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

Decision rationale: Based on California ACOEM Guidelines and supported by Orthopedic Literature Review, the role of the surgical process in question would not be indicated. First and foremost, the claimant's electrodiagnostic studies from early 2013 were noted to be within normal limits. While there was noted to be some distal latency at the ulnar nerve, formal diagnosis of cubital tunnel or ulnar nerve entrapment was not supported by the test in question. California ACOEM Guidelines indicate that surgery for ulnar nerve entrapment requires a firm diagnosis on the basis of clinical evidence and positive electrodiagnostic studies to correlate with clinical findings. Secondly, at the last clinical assessment where the open lysis of adhesions and cubital tunnel release procedure in the form of ulnar transposition was recommended, formal findings that would support the diagnosis of ulnar nerve entrapment were not noted. Based on the above the role of the proposed procedure would not be indicated. Also in this case, it is evident that the claimant has previously undergone a lysis of adhesions procedure arthroscopically with loose body removal. It would be unclear as to why a second procedure for the same purposed would be recommended in the face of the claimant's current clinical presentation.

A urinalysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedures.

Decision rationale: California ACOEM Guidelines are silent. When looking at Official Disability Guidelines, the role of urinalysis in this case would not be indicated. The role of operative intervention has not yet been supported. This would negate the need for a urinalysis for preoperative assessment. There is also nothing currently indicating misuse or maluse of medication management that would indicate the role of the urine drug screen. The specific request in question would not be indicated based on the claimant's current clinical presentation.