

Case Number:	CM13-0037551		
Date Assigned:	01/15/2014	Date of Injury:	06/11/2008
Decision Date:	03/25/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/23/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of June 11, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; an ulnar nerve decompression surgery in April 2013; and an apparent diagnosis with ulnar neuropathy. The applicant's case and care have been complicated by comorbid diabetes, it is incidentally noted. In a utilization review report of October 15, 2013, the claims administrator denied a request for an ulnar neuropathy decompression procedure and eight associated sessions of occupational therapy. A September 4, 2013 progress note is notable for comments that the attending provider's request for surgical decompression was denied. It is stated that the applicant has tried and failed activity modification, splinting, and anti inflammatory medications. The applicant exhibits a positive Tinel sign at the elbow and diminished grip strength on the right side as compared to the left. The applicant previously underwent a right ulnar nerve decompression in April 2013, it is stated, and bilateral carpal tunnel releases in January and August 2010. The applicant has both clinically evident and electrodiagnostically confirmed carpal tunnel syndrome, it is stated. The request for surgery and associated physical therapy are reiterated. A rather proscriptive 5- to 10-pound lifting limitation is imposed. It is not clear whether this limitation is being accommodated by the employer. Multiple progress notes interspersed throughout 2013 are notable for comments that the applicant is having persistent symptoms about the left arm with a positive Tinel sign at the left elbow, including a progress note of July 30, 2013 as well as an earlier progress note of June 18, 2013. An earlier note of September 18, 2012 is notable for comments that the applicant's diabetes is poorly controlled with hemoglobin A1c of 8.5. Also reviewed is a clinical

progress note of January 29, 2013, stating that the applicant has had electrodiagnostic testing in June 12, 2011 consistent with bilateral ulnar nerve neuropathy, most likely 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): 37.

Decision rationale: The Physician Reviewer's decision rationale: As noted in the MTUS-adopted ACOEM Guidelines on elbow complaints in page 37, a simple decompression procedure for the diagnosis of ulnar neuropathy is "recommended." Surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clinical evidence and positive electrical studies which correlate with clinical findings with associated significant loss of function, as reflected in significant activity limitations in individuals with failed conservative care, including physical therapy, elbow pads, etc. In this case, the applicant has, indeed, tried, failed, and exhausted conservative remedies in the form of elbow pads, sleeping with the pillow surrounding the elbow at night, time, medications, physical therapy, etc. The applicant does have clinical evidence of ulnar neuropathy as evinced by diminished grip strength about the left hand with positive Tinel sign noted at the elbow. Electrical studies are reportedly positive for an ulnar neuropathy. For all the stated reasons, then, the surgical decompression procedure is indicated and appropriate. Therefore, the request is certified, on independent medical review.

Post-Op Occupational Therapy (OT) x Eight (8): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: As noted in the Postsurgical Treatment Guidelines in MTUS 9792.24.3, postsurgical treatment following an ulnar nerve entrapment/cubital tunnel release surgery consists of a total of 20 visits during a six-month postoperative physical medicine treatment. MTUS 9792.24.3.a.2 states that the initial course of therapy presents one-half of the number of visits for the specific surgery in question. Thus, one-half of 20 visits would represent 10 visits. In this case, the attending provider has sought eight sessions of postoperative therapy. This does conform to MTUS parameters. Therefore, the request is likewise certified.

