

Case Number:	CM13-0041735		
Date Assigned:	12/20/2013	Date of Injury:	08/06/2001
Decision Date:	02/13/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine & Rehabilitation 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:

This patient sustained an injury on 8/6/01. Request under consideration include right ulnar nerve decompression. Hand-written report of 10/7/13 from [REDACTED] noted minimal findings with the patient having decreased sensation in the 4th and 5th digits. It was unclear whether this was a symptom complaint or physical exam finding. Request was preliminarily non-certified on 10/15/13 for lack of information. There is a report dated 11/19/13 from [REDACTED] noting the patient with continued elbow pain that wakes him up at night with weakness and burning pain. Medications listed HCTZ, Atenolol, Synthroid, Gemfibrozil, Amitriptyline HCL, and Zolpidem Tartrate ER. Past surgery includes cervical fusion C5-7 (2006); tear duct (2009), shoulder surgery (2010) and right ankle surgery (2010). Exam showed popping of right ulnar nerve; positive Tinel's elbow flexion; 4/5 ulnar intrinsic muscle strength, elbow range with extension at 5 and flexion at 135 degrees. X-rays showed bilateral elbow arthritis with anterior osteophyte at corneoid and humerus, posterior humeral osteophytes and olecranon spurring right more than left. Plan was for right ulnar nerve decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for right ulnar nerve decompression: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 240.

Decision rationale: The patient sustained an injury on 8/6/01. Request under consideration include right ulnar nerve decompression. Hand-written report of 10/7/13 from ██████ noted minimal findings with the patient having decreased sensation in the 4th and 5th digits. It was unclear whether this was a symptom complaint or physical exam finding. Request was preliminarily non-certified on 10/15/13 for lack of information. There is a report dated 11/19/13 from ██████ noting the patient with continued elbow pain that wakes him up at night with weakness and burning pain. Medications listed HCTZ, Atenolol, Synthroid, Gemfibrozil, Amitriptyline HCL, and Zolpidem Tartrate ER. Past surgery includes cervical fusion C5-7 (2006); tear duct (2009), shoulder surgery (2010) and right ankle surgery (2010). Exam showed popping of right ulnar nerve; positive Tinel's elbow flexion; 4/5 ulnar intrinsic muscle strength, elbow range with extension at 5 and flexion at 135 degrees. X-rays showed bilateral elbow arthritis with anterior osteophyte at coroid and humerus, posterior humeral osteophytes and olecranon spurring right more than left. Plan was for right ulnar nerve decompression. NCV report of 5/24/13 had revealed bilateral ulnar nerve neuropathy, right worse than left without polyneuropathy or cervical neuropathy. Per ACOEM Guidelines on ulnar nerve decompression, patients with chronic ulnar neuropathy at the elbow are available on surgical treatment for ulnar nerve entrapment at the elbow. Surgical options for this problem are high cost, invasive, and have side effects. Yet, in well-defined but infrequent cases as outlined above that include positive electrodiagnostic studies with objective evidence of loss of function, lack of improvement may necessitate surgery and surgery for this condition is recommended. Compared with more complex procedures, there is evidence of benefits from simple decompression and this procedure is recommended. It appears the patient has failed treatment with significant symptoms and clinical findings to support for ulnar nerve decompression surgery per guidelines' criteria. The right ulnar nerve decompression is medically necessary and appropriate.