

Case Number:	CM13-0042636		
Date Assigned:	12/27/2013	Date of Injury:	10/09/2009
Decision Date:	02/28/2014	UR Denial Date:	10/21/2013
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 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:

This is a 39-year-old claimant with the date of injury of 10/09/09 underwent left ulnar nerve decompression and subcutaneous anterior transposition on 04/06/10. There has been concern in the case over ongoing symptoms of ulnar neuropathy. Notes provided are unconvincing. Notes from [REDACTED] are sparse and do not document any significant findings of ulnar nerve entrapment at the elbow. His notes document subject complains of numbness and tingling off and on affecting the ring and small fingers. Physical examination findings are that of tenderness at the medial and lateral aspects of the elbow, resisted pain with flexion and extension of the wrist, vague and ill defined 4/5 motor strength, questionable hypothenar atrophy, and in one noted 10/21/13 a positive Tinel's overlying the course of the ulnar nerve at the elbow. An EMG nerve conduction study is performed following surgery dated 06/03/13 of the claimant's left upper extremity, which demonstrated no excellent conduction for the ulnar nerve across the left elbow with a conduction velocity of 62 millimeters across the elbow with a well-preserved amplitude. There are findings of chronic medial EMG examination changes in the ulnar innervated muscles consistent with a history of previous ulnar neuropathy. Bridge insertion in the form of submuscular anterior transposition has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ulnar transposition.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines.

Decision rationale: Submuscular anterior transposition is the procedure of choice for salvage of failed previous ulnar nerve procedures at the elbow. The California MTUS Guidelines are quite specific and 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. In this case, little in the way of clinical findings have been put forth in the notes provide any document ongoing issues related to ulnar neuropathy at the elbow. The EMG nerve conduction study does not demonstrate any slowing of conduction of the ulnar nerve across the patient's left elbow and only findings of chronic needle EMG examination changes in the ulnar innervated musculature consistent with a problem affecting the ulnar nerve in the past. As there is no clear clinical evidence of ulnar nerve entrapment at the elbow and electrical studies are negative for ulnar nerve entrapment of the elbow, submuscular anterior transposition cannot be certified in this case based upon the MTUS Guidelines.