

Case Number:	CM13-0043082		
Date Assigned:	12/27/2013	Date of Injury:	01/19/2012
Decision Date:	10/30/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/31/2013

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 Orthopaedic 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 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 44-year-old male electrician sustained an industrial injury on 1/19/12. Injury occurred relative to a slip and fall on ice, landing on his back, right arm and elbow with immediate onset of pain, bruising and swelling. Past medical history was positive for occasional hypertension. Initial conservative treatment included anti-inflammatory medication, elbow padding, 18-20 sessions of physical therapy, TENS unit, topical analgesics, and activity modification. The patient was also a recreational body builder and personal trainer. The 10/5/12 right elbow MRI impression documented lateral epicondylitis. The 10/10/12 EMG/NCV impression documented findings consistent with bilateral C5 radiculopathies and nerve conduction study findings consistent with bilateral carpal tunnel syndrome. The 9/30/13 initial orthopedic report cited intermittent right elbow pain and popping with numbness and tingling into the right ring and small fingers, and occasional swelling. The tendon/nerve reportedly snapped and caused pain with pushing/pulling movements. Functional difficulty was reported with gripping, twisting, and torqueing. He was unable to perform his work duties as an electrician or personal trainer. Physical exam documented grip strength 48/46/48/44/46 kg on the right and 50/50/48/50/50 kg left. Elbow range of motion was symmetrical and within normal limits. Two-point discrimination was intact and less than 5 mm in the bilateral upper extremities. Deep tendon reflexes and motor strength were within normal limits. Tinel's test was positive over the right cubital tunnel. The ulnar nerve subluxated out of the ulnar groove with resisted palmar flexion of the wrist. The diagnosis was ulnar instability at the right elbow. The 10/10/12 EMG/nerve conduction study failed to show any significant ulnar nerve injury. Authorization was requested to perform a subcutaneous ulnar nerve transposition. The 10/11/13 utilization review denied the right elbow surgery and associated requests based on no mention of palpable subluxation of the ulnar nerve

on exam, negative electrodiagnostic study, and clinical objective documentation limited to a positive Tinel's.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Elbow Ulnar Nerve Transposition Surgery: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45-47.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-37.

Decision rationale: The California MTUS 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. The Official Disability Guidelines state surgical transposition of the ulnar nerve is not recommended unless the ulnar nerve subluxes on range of motion of the elbow. ODG criteria per surgery include failed conservative treatment consisting of exercise, activity modification, medications, and padding/splinting. Guideline criteria have been met. History was positive for a traumatic right elbow injury. There is clinical exam evidence of ulnar nerve instability as demonstrated by nerve subluxation on range of motion. Clinical exam evidence of ulnar nerve pathology include numbness and tingling of the right ring and little fingers and positive Tinel's at the cubital tunnel. The patient has significant functional limitations with gripping, twisting and torquing that preclude work and recreational activities. Therefore, this request is medically necessary.

Pre-OP Labs (Blood, Urine), EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.medscape.com/medicine/abstract/8441296>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the

course of a pre-anesthesia evaluation. Guidelines criteria have not been met. There is no specific medical indication provided for pre-operative lab testing in this 44-year-old male with a negative past medical history. Although basic lab testing and an EKG would typically be supported for a hypertensive 44-year-old male undergoing general anesthesia, the medical necessity of a non-specific lab testing request cannot be established. Therefore, this request is not medically necessary.

Post-OP Physical Therapy 3 times 4 for 2 months qty: 24 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/285191-overview#a1>.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for ulnar nerve surgery suggest a general course of 20 post-operative visits over 10 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 10 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Post-operative physical therapy for this patient would be reasonable within the MTUS recommendations. However, this initial therapy request for 24 visits exceeds the recommendations for both initial post-op treatment and the general course of care. There is no compelling reason to support the medical necessity of treatment beyond guidelines recommendations at this time. Therefore, this request is not medically necessary.