

Case Number:	CM13-0043859		
Date Assigned:	12/27/2013	Date of Injury:	04/05/2010
Decision Date:	04/16/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/31/2013

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 45-year-old female eligibility worker for the [REDACTED] sustained an industrial injury to the neck, right shoulder, right upper extremity, and left knee on 4/5/10 when she tripped over a bin on the floor. The patient was diagnosed with a right shoulder anterior dislocation, successfully reduced, and fracture of the greater tuberosity. The 5/13/10 electrodiagnostic studies revealed moderate right ulnar neuropathy at the elbow. The 7/21/11 electrodiagnostic studies revealed mild right ulnar neuropathy at the elbow. The 3/26/13 electrodiagnostic studies demonstrated mild slowing of the sensory and motor branches of the ulnar nerve bilaterally from the elbow and wrist. The 6/26/13 treating physician report indicated the patient was status post bilateral mild cubital tunnel syndrome with increased right small finger numbness. Objective exam findings documented decreased two-point sensation in the right small finger, mild decreased strength in thumb and index finger, and positive Tinel's and Phalen's tests on the right. The treatment plan requested authorization for a right ulnar nerve sub-muscular transposition. The patient was awaiting authorization for acupuncture and therapy. The 8/21/13 treating physician report indicated that the patient had completed a course of acupuncture with continued symptoms of numbness, especially the right ring and small fingers. Upper extremity exam findings documented intact two point sensation, normal strength, positive Tinel's at the medial elbow bilaterally, positive bilateral elbow flexion test, positive Tinel's at the volar wrist bilaterally, and negative Phalen's bilaterally. The treatment plan again requested surgery and basic pre-operative lab testing and medical clearance. Records indicated that conservative treatment for the right elbow had included NSAIDs, opioid pain medication, 6 acupuncture visits, and elbow pad. Formal physical therapy had been provided for the right shoulder. The 10/1/13 utilization review decision recommended certification with modification to a simple right ulnar nerve decompression and lab tests limited to urine HCG only. The requests for 8

post-operative occupational therapy sessions and pre-operative evaluation for medical clearance were certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ULNAR NERVE SUBMUSCULAR TRANSPOSITION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-38.

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

Decision rationale: Under consideration is a request for right ulnar nerve sub-muscular transposition. The MTUS Elbow guidelines recommend surgery for ulnar nerve entrapment after establishing a firm diagnosis based on clear clinical evidence correlated with positive electrical studies. A decision to operate typically requires significant loss of function and failure of conservative care, including full compliance in therapy, use of elbow pads, and avoiding prolonged elbow flexion at night. Absent findings of severe neuropathy, such as muscle wasting, at least 3 to 6 months of conservative care should precede surgery. The simple decompression is generally recommended over transposition. Guideline criteria have not been met. Records indicate improvement in the electrodiagnostic findings from 5/13/10 to 3/26/13 with current findings of bilateral mild slowing of the sensory and motor branches of the ulnar nerve. There is no documentation that detailed comprehensive conservative treatment has been tried over a period of 3 to 6 months and has failed. The treating physician records from 6/26/13 to 8/29/13 document improvement in sensation, strength, and provocative testing following 6 visits of acupuncture. Therefore, the request for right ulnar nerve sub-muscular transposition is not medically necessary

BASIC LAB TEST AND PREOPERATIVE EVALUATION FOR PREOPERATIVE MEDICAL CLEARANCE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.