

Case Number:	CM13-0057887		
Date Assigned:	12/30/2013	Date of Injury:	09/30/1987
Decision Date:	05/02/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/17/2013

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 Orthopedic Surgery and Hand Surgery, and is licensed to practice in Texas. 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:

The injured worker is a 59-year-old male who reported an injury on 06/15/1979. The mechanism of injury appeared to be cumulative trauma while performing normal job duties as a professional athlete. The injured worker sustained injuries to multiple body parts to include the left elbow. The injured worker underwent a nerve conduction study in 09/2010 that documented there was severe mixed ulnar nerve entrapment of the left elbow. The injured worker underwent an MRI in 07/2013 that documented there was evidence of ulnar neuritis, multiple intra-articular loose bodies, a partial tear along the humeral side of the ulnar collateral ligament. The injured worker's most recent clinical evaluation dated 09/09/2013 documented that the injured worker had decreased sensation of the ulnar 2 fingers of the left hand with an 8 mm two point discrimination loss. A request was made for left elbow arthroscopic palliative debridement, loose body removal, chondroplasty, and spur removal and during the same sitting, [REDACTED] to perform ulnar nerve transposition on the left elbow including loop magnification to provide palliative relief and delay the need for a total elbow replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT ELBOW ARTHROSCOPIC PALLIATIVE DEBRIDEMENT, LOOSE BODY REMOVAL, CHONDROPLASTY AND SPUR REMOVAL AND DURING THE SAME SITTING TO PERFORM ULNAR NERVE TRANSPOSITION ON THE LEFT INCLUDING WITH LOOP MAGNIFICATION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-06. Decision based on Non-MTUS Citation ODG Elbow Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, section on Surgery for cubital tunnel syndrome

Decision rationale: ACOEM Guidelines recommend surgical interventions for injured workers who have physical examination findings of limitations that significantly impair activities of daily living and are supported by electrodiagnostic and/or imaging studies that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has decreased sensation of the left hand in the ulnar fingers with an 8 mm two point discrimination and limited range of motion. Additionally, the injured worker's imaging study and electrodiagnostic studies support that the injured worker has lesions that would benefit from surgical intervention. Also, the request includes an ulnar nerve transposition. Official Disability Guidelines recommend this surgery for an injured worker with findings of ulnar nerve subluxation with range of motion during the physical examination. Although, the injured worker's examination does not include this finding, it is documented that the injured worker has significantly restricted range of motion and neurological impairment. Therefore, the need for ulnar nerve transposition would be appropriate. As such, the requested left elbow arthroscopic palliative debridement, loose body removal, chondroplasty and spur removal, and during the same sitting to perform ulnar nerve transposition on the left with loop magnification is medically necessary and appropriate.