

Case Number:	CM13-0064850		
Date Assigned:	01/03/2014	Date of Injury:	09/10/2008
Decision Date:	05/22/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/12/2013

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 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:

The claimant is a 41-year-old female injured in a work-related accident on September 10, 2008. Clinical records dated November 12, 2013, document consistent pain and numbness to the right arm and elbow. There is documentation of an examination that shows tenderness to the lateral aspect of the right wrist, 4/5 residual strength bilaterally with grip strength greater on the right than the left, and diminished fine punch and pinprick to all digits upon sensory examination. The claimant's current diagnosis is mild to moderate bilateral carpal tunnel syndrome and moderate to severe right ulnar nerve entrapment at the right elbow, with moderate ulnar nerve entrapment at the left elbow. The treating physician recommends surgery of the ulnar nerve, but does not indicate a specific procedure or laterality. The claimant is status post a right carpal tunnel release dated February 18, 2009. The electrodiagnostic studies dated April 30, 2013, showed moderate denervation of the left ulnar nerve at the elbow, with moderate to severe denervation of the right ulnar nerve at the elbow. This request is for surgery of the ulnar nerve, procedure and laterality unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGERY OF ULNAR NERVE (UNSPECIFIED LATERALITY AND SURGERY PROCEDURE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-606.

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

Decision rationale: The MTUS/ACOEM Guidelines indicate 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, including full compliance in therapy, use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, workstation changes (if applicable), and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. Before proceeding with surgery, patients must be apprised of all possible complications, including wound infections, anesthetic complications, nerve damage, and the high possibility that surgery will not relieve symptoms. The Guidelines also indicate that the absent findings of severe neuropathy such as muscle wasting, at least three to six (3-6) months of conservative care should precede a decision to operate. In the records available for review, laterality and a specific surgical procedure are not documented in the request. The absence of this documentation, in concert with a lack of documented conservative measures, the role of surgery to treat a diagnosis of cubital tunnel syndrome would not be indicated.