

Case Number:	CM13-0068907		
Date Assigned:	01/03/2014	Date of Injury:	07/18/2012
Decision Date:	08/11/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/20/2013

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 60 year old male who fell approximately five and a half feet on 07/08/12 while working as a truck driver. The medical records for review document that the claimant subsequently underwent open reduction and internal fixation of an ulnar fracture followed by radial head prosthetic replacement and then removal of the retained hardware from the left elbow on 01/03/14. The claimant is also diagnosed with cubital tunnel syndrome status post hardware removal from the olecranon. The office record dated 06/26/14 noted decrease in soreness along the medial aspect of the left elbow, but continued numbness down the left arm into the left ring and little fingers. The claimant also reported radiating pain from his left elbow to the left side of his neck with some infrequent pain across the right shoulder blade. On examination it was documented left elbow range of motion was 44 degrees of flexion to minus 21 degrees extension, pronation to 85 degrees, and supination to 80 degrees. There was minimal tenderness to the lateral side of the elbow in the area of radial head as well as a lateral upper condyle in the common extensor tendon. There was minimal tenderness over the olecranon where the hardware was removed. There was tenderness of the medial epicondyle and cubital tunnel, with a positive Tinel's sign. During range of motion of the elbow, the ulnar nerve could be palpated, subluxing slightly over the medial epicondyle. The left first dorsal interosseous muscle had severe Grade IV weakness in the cubital tunnel syndrome while the other muscles demonstrate Grade V strength. No tenderness in the inter cubital fossa. Conservative treatment to date includes Vicodin, post operative physical therapy and anti-inflammatories. In an office note dated 10/14/13, it was documented that an EMG and nerve condition study of the left upper extremity on 5/14/13 did not show any evidence of ulnar neuropathy at the elbow. The current request is for an ulnar nerve release from the cubital tunnel with possible ulnar nerve transposition.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN ULNAR NERVE RELEASE FROM CUBITAL TUNNEL WITH POSSIBLE ULNAR NERVE TRANSPOSITION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

Decision rationale: ACOEM Guidelines recommend that conservative treatment should be exhausted prior to consideration of surgery. ACOEM Guidelines recommend treatment with elbow pads, prevention of prolonged elbow flexion while sleeping at night, activity modification, anti-inflammatories, and formal physical therapy. The documentation for review fails to establish that conservative treatment has been trialed. The EMG/nerve conduction studies report was not provided for review. However, the documentation in an office note indicates that it did not identify pathology at the ulnar nerve that would be amendable by the requested surgical intervention. Therefore, the request for ulnar nerve release at the cubital tunnel with possible ulnar nerve transposition is not medically necessary.