

Case Number:	CM13-0072352		
Date Assigned:	01/08/2014	Date of Injury:	05/11/2007
Decision Date:	04/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/30/2013

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 New Hampshire, New York, and Washington. 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 patient is a 47-year-old male with the date of injury of May 11, 2007. He continues to complain of pain, hypersensitivity of the ulnar side of his right hand and upper wrist. He also has diminished sensation in the median and ulnar nerve distribution. Physical exam shows claw hand deformity with well-healed scar. There is an ultrasound to the nerve and any motion of the hand and significant tears. Patient has been diagnosed with right upper extremity complex regional pain syndrome. He is status post right forearm ulnar shortening osteotomy. He is also diagnosed with right ulnar nerve pathology and he is status post right shoulder surgery. At issue is whether resection of the nerve neuroma with Neuroplasty of the right ulnar nerve with sural nerve cable grafting is medically necessary. Patient had electrodiagnostic study in February 2013 which noted that the patient demonstrated poor effort and severe pain with the study. The study suggested some response in the right motor nerve with small answered to and prolonged distal latency. There was reduced conduction velocity. Ulnar sensory testing shows no response. The conclusion of the EMG was consistent with subacute right ulnar neuropathy, but the conclusions are confused by poor effort from the patient. A repeat neurophysiologic study has been requested, but the patient has refused.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE EXCISION OF RIGHT ULNAR NERVE NEUROMA AND NEUROPLASTY OF THE RIGHT ULNA NERVE WITH SURAL NERVE CABLE GRAFTING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34-35.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that surgery is indicated following nonsurgical treatment attempts that have not had success. There must be an adequate trial and failure of conservative measures. There should be documentation of significant limitations of activity for more than 3 months, failure to improve with exercise programs, failing to increase range of motion and strength of the muscular around the elbow after conservative measures. There also should be clear clinical and electrophysiologic evidence of the lesion in the ulnar nerve has been shown to benefit from surgical repair. In this case, the electrodiagnostic impression noted that the study was difficult and challenging due to pain and poor effort by the patient. Furthermore the patient was recommended to have repeat electrodiagnostic study and the patient refused. Prior to recommending surgical intervention would be appropriate to allow for the study to be repeated again with improve patient after. The patient is diagnosed with complex regional pain syndrome and this diagnosis is a potential complication to any surgical procedure in the arm. The request for one excision of right ulnar nerve neuroma and Neuroplasty of the right ulna nerve with sural nerve cable grafting is not medically necessary and appropriate.