

Case Number:	CM14-0000465		
Date Assigned:	01/10/2014	Date of Injury:	05/13/2013
Decision Date:	04/30/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/02/2014

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 54-year-old female assistant branch manager for a bank reported a gradual onset of right upper extremity pain and numbness relative to work duties, beginning in January 2013. The patient underwent right shoulder arthroscopic arthrotomy, glenohumeral synovectomy and debridement, open subacromial decompression, and acromioplasty on 9/6/11 and the same procedure on the left side on 9/13/12. The 3/18/13 bilateral upper extremity EMG/NCV revealed moderate to severe right ulnar neuropathy and mild to moderate right carpal tunnel syndrome. The 9/12/13 initial orthopedic report documented diagnoses of cervical sprain/strain with right upper extremity radiculitis and bilateral upper extremity overuse syndrome including mediolateral epicondylitis, forearm flexor/extensor tenosynovitis, and carpal tunnel syndrome. The patient was provided 6 visits of acupuncture treatment for the neck, shoulders, arms, elbows, and wrists with minimal benefit. She was also given a home electrical stimulation unit, wrist braces and right elbow guard. The 11/21/13 initial orthopedic hand specialist report cited complaints of right neck, shoulder, arm, elbow, wrist, hand, and finger pain with numbness of the fingers, electrical sensations in the wrist and elbow, and hand weakness. Functional difficulty was noted in gripping/grasping activities and dropping things. There was moderate to severe pain to palpation over the ulnar nerve and slight pain over the medial and lateral epicondyles. Elbow range of motion and strength were normal with positive Tinel's and elbow flexion tests. Wrist range of motion and strength were normal with positive Phalen's, Tinel's, and median nerve compression tests. Sensation was symmetrical. The diagnosis was right cubital tunnel syndrome, medial epicondylitis, and carpal tunnel syndrome. The surgeon recommended right carpal tunnel release, right wrist flexor tenosynovectomy, right subcutaneous transposition ulnar nerve cubital tunnel, and neurolysis ulnar nerve right arm and forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for a right subcutaneous transposition ulnar nerve cubital tunnel: 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).

Decision rationale: The request under consideration is for right subcutaneous transposition of the ulnar nerve, cubital tunnel. The California 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. Guideline criteria have not been met. There is no documentation that recent and comprehensive conservative treatment has been tried for at least 3 to 6 months and has failed. Therefore, this request for right subcutaneous transposition of the ulnar nerve, cubital tunnel, is not medically necessary.

request for neurolysis ulnar nerve to the right arm and right forearm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The request under consideration is for neurolysis ulnar nerve, right arm and forearm. California MTUS Elbow guidelines recommend simple decompression of patient with chronic ulnar neuropathy at the elbow for patients with positive electrodiagnostic studies, objective evidence of loss of function, and lack of improvement with 3 to 6 months of conservative care. Guideline criteria have not been met. There is no documentation that recent and comprehensive conservative treatment has been tried nerve, right arm and forearm, is not medically necessary.