

Case Number:	CM14-0007486		
Date Assigned:	03/03/2014	Date of Injury:	11/11/2011
Decision Date:	06/30/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/21/2014

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 patient is a 58-year-old female who has submitted a claim for Carpal Tunnel Syndrome, Ulnar Nerve Lesion, Cervical Disc Degeneration, and Cervical Spondylosis with Myelopathy, associated with an industrial injury date of November 11, 2011. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of aching and shooting left arm pain, rated 9/10 without medications and 4/10 with medications. The patient also reported numbness and tingling in the fourth and fifth digits of the left hand. Physical examination of the left elbow was unremarkable. Examination of the left wrist revealed restricted flexion. There was moderate tenderness over the lateral aspect of the wrist. Tinel's test was positive. Examination of the left hand revealed no atrophy but tenderness was noted. The patient was able to make a fist. There was diminished sensation along the left entire forearm. EMG/NCS of the left upper extremity, dated October 10, 2013, revealed mild carpal tunnel syndrome and mild cubital tunnel syndrome across the elbow. Treatment to date has included medications and left elbow splint. Utilization review from December 6, 2013 denied the request for In Situ Left Ulnar Nerve At Cubital Tunnel With Possible Anterior Subcutaneous Transposition Versus Anterior Subcutaneous Transposition, If Anterior Subfascial Technique, Then Concurrent C-Plasty Lengthening Of The Flexor-Pointed Origin because ulnar nerve subluxation was not demonstrated; and Postoperative Physical Therapy 12 Visits, And Keflex Postoperatively because the surgery was not deemed medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

IN SITU LEFT ULNAR NERVE AT CUBITAL TUNNEL WITH POSSIBLE ANTERIOR SUBCUTANEOUS TRANSPOSITION VERSUS ANTERIOR SUBCUTANEOUS TRANSPOSITION. IF ANTERIOR SUBFASCIAL TECHNIQUE, THEN CONCURRENT C-PLASTY LENGTHENING OF THE FLEXOR-POINTED ORIGIN:
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): 603-606.

Decision rationale: According to pages 603-606 of the ACOEM Practice Guidelines referenced by CA MTUS, surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies. A decision to operate requires significant loss of function as reflected in significant activity limitations due to 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, and avoiding irritation at night by preventing prolonged elbow flexion while sleeping. In this case, there was clinical evidence and positive electrical studies documenting cubital tunnel syndrome, however, there was no documentation of significant loss of function or activity limitations. Moreover, the medical records showed that conservative treatment only consisted of medications and elbow splint. There was no discussion regarding exercises, activity modifications, or workstation changes. There is no clear indication for the requested procedure at this time. The guideline criteria were not met. Therefore, the request for In Situ Left Ulnar Nerve At Cubital Tunnel With Possible Anterior Subcutaneous Transposition Versus Anterior Subcutaneous Transposition, If Anterior Subfascial Technique, Then Concurrent Z-Plasty lengthening of the flexor pronator is not medically necessary.

POSTOPERATIVE PHYSICAL THERAPY 12 VISITS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

KEFLEX POSTOPERATIVELY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.