

Case Number:	CM14-0110177		
Date Assigned:	08/01/2014	Date of Injury:	09/26/2013
Decision Date:	09/11/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/14/2014

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 Plastic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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:

This female patient sustained industrial injury on 09/26/13. Electromyography (EMG)/Nerve Conduction Velocity (NCV) testing of the left upper extremity on 05/26/13 revealed evidence of carpal tunnel syndrome but no evidence of ulnar nerve entrapment. A progress report dated 05/19/14 documents complaints of left hand paresthesias in the ulnar nerve distribution and exhibiting normal ranges of motion at the elbow. There is subluxation of the left ulnar nerve with flexion and extension associated with paresthesias. The patient had the following tests positive; compression test for the ulnar nerve, Tinel's test and a positive elbow flexion test. The patient reportedly completed conservative treatment that included physical therapy, activity modification, use of an elbow sleeve for greater than 3 months and anti-inflammatory medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ulnar open release at the cubital canal.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, surgery for cubital tunnel syndrome (ulnar nerve entrapment) and tests for cubital tunnel syndrome (ulnar nerve entrapment) sections.

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

Decision rationale: The patient is said to have a symptomatic subluxing ulnar nerve. Per the ACOEM guidelines, page 37, Elbow Complaints, 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. Absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. The patient does not have severe neuropathy. In addition, she does not have a firm diagnosis of cubital tunnel syndrome because nerve conduction testing is normal.

Left ulnar nerve transposition and Zplasty tendon transfer of flexor pronator origin at forearm.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, surgery for cubital tunnel syndrome (ulnar nerve entrapment) and tests for cubital tunnel syndrome (ulnar nerve entrapment) sections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, surgery for cubital tunnel syndrome.

Decision rationale: According to Official Disability Guidelines (ODG), Elbow Chapter, surgery for cubital tunnel syndrome (ulnar nerve entrapment) and tests for cubital tunnel syndrome (ulnar nerve entrapment) sections are recommended as indicated below (simple decompression). Surgical transposition of the ulnar nerve is not recommended. Surgery for ulnar neuropathy at the elbow is effective two-thirds of the time. The outcomes of simple decompression (SD) and anterior subcutaneous transposition (AST) are equivalent, except for the complication rate, which is 31 % in AST. Because the intervention is simpler and associated with fewer complications, SD is advised, even in the presence of subluxation. The requested ulnar nerve release with transposition is not supported by ODG guidelines, therefore not medically necessary.

Application of a long arm splint, left upper extremity.: 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): 37.

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

PA assistant.: 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): 37.

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

Tramadol 50 mg one (1) every four (4) to six (6) hours PRN #40 x 1 refill: 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): 37.

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

Keflex 500 mg, two (2) every six (6) hours #20: 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): 37.

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

Post op therapy ten (10) sessions (two (2) times five (5)): 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): 37.

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