

<b>Case Number:</b>	CM14-0110756		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/09/2011
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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:

This 54-year-old female sustained an industrial injury on 2/9/11. The mechanism of injury was not documented. The 3/20/13 electromyogram (EMG) and nerve conduction studies revealed mild right ulnar nerve entrapment neuropathy at the right elbow. Records indicated that the patient had been treated for over 18 months for right cubital tunnel syndrome with elbow sleeve, activity modification, and non-steroidal anti-inflammatory drugs. The 9/17/13 agreed medical examiner report indicated the patient was diagnosed with right upper extremity ulnar nerve irritation in the cubital tunnel and right wrist tenosynovitis. The patient had increasing and on-going complaints referable to the elbow/right ulnar nerve. The patient had labile hypertension that had resolved with weight loss. The agreed medical examiner supported the treating physician recommendation for right cubital tunnel release. Records documented that the patient was authorized for the requested surgery and associated services on 12/19/13. The patient was not cleared for surgery and required additional work-up for a cardiac issue discovered on electrocardiogram (EKG) which postponed surgery. The 5/8/14 orthopedic report cited persistent paresthesias on the right hand, including the ring and small fingers. Focused upper extremity exam documented positive compression test at the right carpal canal, positive Tinel's at the right cubital canal, positive elbow hyperflexion test, and palpable subluxation of the ulnar nerve with elbow flexion/extension. The patient was deemed a surgical candidate. Authorization was again requested for right open cubital tunnel release with ulnar nerve transposition using a myofascial flap of the flexor pronator muscle. The 6/25/14 utilization review indicated that surgical criteria were met but denied the right cubital tunnel release and associated requests as the surgery was previously authorized and the need for additional authorization was not evident.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right open ulnar release at the cubital tunnel with ulnar nerve transposition and z-plasty tendon transfer of flexor pronator origin at forearm:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-37.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines state that 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. Absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. Guideline criteria have been met. This patient presents with clear clinical evidence and positive electrodiagnostic evidence of ulnar nerve entrapment. Comprehensive guideline-recommended conservative treatment has been tried and has failed. The patient was previously authorized for this surgical procedure but cardiac issues postponed the surgical, likely beyond the authorized period. The patient has been cleared for surgery. Therefore, this request for right open ulnar release at the cubital tunnel with ulnar nerve transposition and Z-plasty tendon transfer of flexor pronator origin at forearm is medically necessary.

**Pre-operative medical clearance/labs to include BMP/EKG:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines do not provide recommendations for these services. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Evidence based medical guidelines state that an electrocardiogram (EKG) may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Records indicate that the patient was cleared for surgery on 4/2/14 with all necessary testing completed. There is no compelling reason to support the medical

necessity of duplicate testing. Therefore, this request for pre-operative medical clearance/labs to include BMP/EKG is not medically necessary.

**Post-operative physical therapy, two sessions per week for five weeks for the right ulnar nerve:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18.

**Decision rationale:** The California Post-Surgical Treatment Guidelines for surgical treatment of ulnar nerve entrapment/cubital tunnel syndrome suggest a general course of 20 post-operative visits over 10 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 10 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the post surgical physical medicine period. This initial request for 10 post-op physical therapy visits is consistent with guidelines. Therefore, this request for post-operative physical therapy, two times five, for the right ulnar nerve, is medically necessary.

**Keflex 500 mg #20:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm. 2013 Feb 1;70(3):195-283.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) do not provide guidance for post-operative antibiotics. Clinical practice guidelines state that antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials. For orthopedic procedures involving internal fixation or implants, the recommended regime is Cefazolin. Guideline criteria have been met for the prophylactic use of antibiotics given the complex open repair with sutures. Therefore, this request for Keflex 500 mg #20 is medically necessary.