

Case Number:	CM14-0126167		
Date Assigned:	09/16/2014	Date of Injury:	05/18/2011
Decision Date:	11/12/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/08/2014

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, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 injured worker is a 33-year-old male who reported an injury on 05/18/2011. The mechanism of injury was not provided. On 05/22/2014, the injured worker presented with ongoing pain and numbness throughout the left upper extremity with ulnar nerve symptoms. Upon examination there was a positive elbow flexion test, residual left shoulder pain and range of motion to the left elbow from 0 degrees to 125 degrees. The patient's grip strength by Jamar dynamometer testing in pounds was right of 40 and left of 20. The diagnoses were status post left shoulder surgery and ulnar nerve compression of the left elbow, symptomatic. The prior therapies were not noted. The provider recommended exploration of the left elbow, release of the ulnar nerve and decompression and aquatic therapy of the left elbow. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exploration of left elbow release of left ulnar nerve and decompression: 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): 45-46.

Decision rationale: The request for exploration of the left elbow, release of left ulnar nerve decompression is not medically necessary. The California MTUS/ACOEM Guidelines state that surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrodiagnostic studies that correlate with clinical findings. The decision to operate requires a significant loss of function as reflected in significant activity limitation due to nerve entrapment and that the patient had failed conservative treatment to include full compliance in therapy, use of cold packs, removing opportunities to rest elbow on the ulnar nerve groove, work station changes and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. Clinical findings of severe neuropathy such as muscle wasting at least 3 to 6 months of conservative care should precede a decision to operate. The documentation notes that the injured worker has constant pain to the left shoulder and elbow that is well controlled on current medication regimen. There was palpable tenderness noted, decreased sensation in the left 5th digit and medial aspect of the left forearm. There are no electrodiagnostic studies provided to review. There is lack of documentation of the injured worker's failure to respond to conservative treatment to include physical medicine and medication.

Aquatic therapy 2x6 Left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

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.