

Case Number:	CM14-0139493		
Date Assigned:	09/05/2014	Date of Injury:	01/01/2013
Decision Date:	10/09/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/28/2014

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 Surgeon 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 reported injury on 01/01/2013. The mechanism of injury was not provided. The prior surgical interventions included a right carpal tunnel release, median nerve block, and a right De Quervain's release/tenolysis, a left carpal tunnel release and injection, and a left De Quervain's surgical intervention on 2 dates, 10/08/2014 and 04/01/2014. Prior treatments included a left cubital injection. Prior studies included an EMG/NCV with a mild bilateral carpal tunnel syndrome without evidence of cubital tunnel syndrome on 05/15/2013. The documentation of 08/06/2014 revealed a request for left in situ ulnar nerve decompression, possible SMUNT with tendon lengthening. The documentation indicated the injured worker was given a diagnostic injection into the left cubital tunnel. The injured worker was numb in the ulnar nerve distribution for the rest of the day and had medial elbow aching for 3 to 4 days. The injured worker had completed relief of numbness and arm pain for 1 week. The physician documented the injured worker's symptoms were starting to recur. The injured worker had numbness in the left ring/small fingers and ulnar hand and pain in the ulnar wrist and forearm, medial elbow, upper arm, and posterior shoulder. The ulnar nerve was tender to palpation and was swollen in the cubital groove bilaterally. The Tinel's was positive with paresthesias into the ring and small fingers and the bent elbow/ulnar nerve compression was positive with medial elbow pain and paresthesias into the ring and small fingers. The ulnar intrinsic muscle strength was slightly weak. The prior therapies included conservative treatments, therapy, medications, injection, nighttime elbow extension splinting, ergonomic and behavioral modifications to avoid sustained elbow/wrist flexion and work restrictions. The physician documented the guidelines support a positive response to a diagnostic injection in the cubital tunnel as the best prognostic indicator of how an injured worker will do after surgery. The physician further indicated the guidelines recommended surgery for cubital tunnel if nerve studies are positive however, the

physician opined as an orthopedic surgeon, nerve testing at the elbows is not as sensitive or specific as at other sites. Additionally, a brief course of postoperative therapy would be required. There was no request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left in-situ ulnar nerve decompression with possible SMUNT and tendon lengthening, regional block, nerve blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES, INDICATIONS FOR SURGERY

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 45-46.

Decision rationale: The American College of Occupational and Environmental Medicine indicated referral for surgical consultation may be appropriate for injured workers who have significant limitation of activity for more than 3 months, failure to improve with exercise programs to increase range of motion and strength of the musculature around the elbow and clear clinical and electrophysiologic or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Additionally, they indicate that a decision to operate for an injured worker who has ulnar nerve entrapment requires establishing a firm diagnosis when there is documentation of significant loss of function, as reflected in significant activity limitations due to nerve entrapment and that the injured worker has failed conservative care including full compliance therapy, use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, work station changes, and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. The clinical documentation submitted for review indicated the injured worker had failed conservative treatments including therapy, medications, injections, nighttime elbow extension splinting, and ergonomic and behavioral modifications to avoid sustained elbow/wrist flexion and work restrictions. The clinical documentation further indicated the injured worker underwent an EMG/NCV on 05/15/2013 that showed mild carpal tunnel syndrome without evidence of cubital tunnel syndrome. While the physician opined that an EMG/NCV was not as sensitive at the elbow, the guidelines indicate that there must be positive findings to support surgical intervention. This request would not be supported. Given the above, the request for Left in-situ ulnar nerve decompression with possible SMUNT and tendon lengthening, regional block, nerve blocks is not medically necessary.

Postoperative Occupational Therapy (OT) 3x4 Left elbow: Upheld

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

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

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Assistant: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.