

<b>Case Number:</b>	CM14-0160002		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	11/01/2007
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 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 55-year-old male who reported an injury on 11/07/2014. The mechanism of injury was not submitted for clinical review. Diagnoses included bilateral recurrent cubital tunnel syndrome, bilateral recurrent carpal tunnel syndrome. Previous treatments included medication and carpal tunnel surgery. The diagnostic testing included an EMG/NCV and an MRI of the wrist, MRI of the elbow. Within the clinical note dated 07/29/2014, it reported the injured worker complained of pain in the bilateral elbows radiating distally to medial hands. The injured worker reported frequent swelling of the joints and bilateral upper extremities with accompanying joint pain. He reports numbness to the tips of his fingers. Upon the physical examination, the provider noted muscle stretch reflexes were 1+ generally in the bilateral upper extremities. Manual muscle testing was 5/5 generally in the bilateral upper extremities except for 4+/5 in the right arm. There was impaired light touch to the left medial forearm and lateral hand. Provocative testing revealed positive Tinel's test bilaterally at the wrist and elbows. The documentation noted the ulnar motor nerve conduction velocity was slow to cross the elbow segment. Sensory distal latencies recorded the fifth digit with ulnar nerve stimulation at the wrist were absent. Within the documentation dated On physical examination, the provider noted range of motion in both hands was unremarkable. EMG/NCS revealed significant evidence of moderate to severe ulnar nerve compromise at the cubital canal involving predominantly myelin but no acute evidence of axonal disruption. There was significant electrophysiologic evidence of mild median nerve compromise at the carpal canal involving predominantly myelin of the motor fibers with no evidence of axonal disruption. The provider recommended the patient undergo surgery. The Request for Authorization was submitted and dated 08/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left ulnar nerve open release at cubital canal: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-38.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45-46.

**Decision rationale:** The request for left ulnar nerve open release at cubital canal is not medically necessary. California MTUS/ACOEM Guidelines note although it is impossible to entrap a nerve at any point along its course, there are 2 main areas for entrapment of the ulnar nerve at the elbow. This produces a substantial lack of clarity in available evidence. In addition for ulnar nerve entrapment the documentation requires establishing a firm diagnosis on the basis of clear, clinical evidence and possible electrical studies that correlate with clinical findings. The Guidelines require significant loss of function, as reflected by 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 in the ulnar groove, work station changes, avoiding nerve irritation at night, and preventing prolonged flexion while sleeping. Before proceeding with surgery, injured workers must be advised of all possible complications, including wound infection, 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 to 6 months of conservative care should proceed with a decision to operate. Clinical documentation submitted indicated the injured worker has ulnar nerve compromise and median nerve compromise on the right elbow and wrist. The clinical documentation submitted lacked significant evidence the injured worker had tried and failed conservative therapy, including use of elbow pads, rest, and immobilization for at least 3 to 6 months. The imaging studies do not corroborate the diagnosis of entrapment. Therefore, the request is not medically necessary.

**Left ulnar nerve transposition and z-plasty tendon transfer of flexor pronator origin at forearm: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Long-term results after microsurgical repair of traumatic nerve lesions of the upper extremities. Guerra WK, Baldauf J, Schroeder HW

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

**Decision rationale:** The request for left ulnar nerve transposition and Z plasty tendon transfer of flexor pronator origin at forearm is not medically necessary. Official Disability Guidelines state transposition may only be required if the ulnar nerve subluxes on range of motion of the elbow. Otherwise simple decompression is recommended. The clinical documentation submitted lacked

significant evidence the injured worker had tried and failed conservative therapy, including use of elbow pads, rest, immobilization for at least 3 to 6 months. The imaging studies do not corroborate the diagnosis of entrapment. Therefore, the request is not medically necessary.

**Steroid injection to the right carpal canal:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

**Decision rationale:** The request for steroid injection to the right carpal canal is medically necessary. The California MTUS/ ACOEM note injections of corticosteroids in carpal tunnel in mild or moderate cases of CTS after trial of splinting and medication is recommended. The clinical documentation submitted indicated the injured worker had symptoms of carpal tunnel syndrome, warranting the medical necessity of the request. Therefore, the request is medically necessary.

**Post-op Keflex 500mg #20:** 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.

**Associated surgical service: Post-op occupational therapy of the bilateral arms, 2x5 weeks:** 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.

**Associated surgical service: Application of long arm splint - left:** 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.

**Associated surgical service: Foot compression for DVT prophylaxis:** 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.

**Associated surgical service: Pre-op Cardiology clearance:** 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.

**Associated surgical service: Pre-op EKG:** 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.

**Associated surgical service: Pre-op labs (CBC, Basic Metabolic Panel, Pro-time PTT):**  
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.

**Steroid injection of the left carpal canal:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

**Decision rationale:** The request for steroid injection of the left carpal canal is medically necessary. The California MTUS/ ACOEM note injections of corticosteroids in carpal tunnel in mild or moderate cases of CTS after trial of splinting and medication is recommended. The clinical documentation submitted indicated the injured worker had symptoms of carpal tunnel syndrome, warranting the medical necessity of the request. Therefore, the request is medically necessary.