

Case Number:	CM14-0167136		
Date Assigned:	10/14/2014	Date of Injury:	07/01/2009
Decision Date:	11/17/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/10/2014

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:

The claimant is a 52-year old male who sustained a vocational injury on 07/01/09. The medical records provided for review documented that the claimant was scheduled to undergo right ulnar nerve surgery but that surgery was postponed because of the claimant's uncontrolled hypertension. The office note dated 03/11/14 documented that the claimant's major complaint was numbness in his fingers. Physical examination documented that the claimant had 60 pounds of grip strength on the right compared to 80 pounds of grip strength on the left and a positive Tinel's test at the elbow. The office note dated 09/12/14 suggested that the claimant ongoing problems in his right hand were getting worse. He was given a diagnosis of ulnar neuropathy. This request is for a right ulnar nerve release surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ulnar nerve release surgery: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25-26.

Decision rationale: The California ACOEM Guidelines for the Elbow recommend that prior to considering surgical intervention for ulnar nerve release, there should be documentation of an electrodiagnostic study confirming ulnar nerve pathology of the requested extremity. In addition, the California ACOEM Guidelines note that prior to considering surgical intervention, there should be documentation suggesting the claimant has attempted, failed and exhausted conservative treatment such as elbow padding, avoidance of leaning on the ulnar nerve at the elbow, avoidance of prolonged hyperflexion at the elbow, and utilization of anti-inflammatories. The medical records provided for review do not contain documentation suggesting the claimant has attempted, failed, and exhausted continuous conservative treatment for a minimum period of 3-6 months as recommended. In addition, the documentation indicates vague symptoms and lacks documentation of abnormal physical examination findings establishing a clinical diagnosis of ulnar neuropathy. The medical records do not contain a diagnostic study confirming the diagnosis of ulnar nerve neuropathy. Therefore, based on the documentation presented for review and in accordance with California ACOEM Elbow Guidelines, the request for the right ulnar nerve release surgery is not recommended as medically necessary.