

<b>Case Number:</b>	CM14-0167507		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	06/01/2010
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 General 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 52 year old female was injured 6/1/10. The mechanism of injury was overuse. Right carpal tunnel release and ulnar nerve release was done in 2010. Right ulnar nerve decompression and sleeve placement was done 10/4/11, despite the two ulnar surgeries, the patient continued to have significant discomfort and weakness in the right upper extremity with respect to the ulnar nerve. An MRI of the right elbow 8/20/14 failed to identify evidence of edema of the nerve NOT consistent with ulnar neuropathy. There was a mild joint effusion. There was mild subcutaneous edema along the post aspect of the elbow. Electrodiagnostic studies 8/21/14 showed bilateral ulnar neuropathy across the elbow; mild bilateral median neuropathy at the wrists; and there was no evidence of denervation potentials in the upper extremity muscles. On examination 8/25/14, the ulnar nerve was hypersensitive to touch, Tinel's was positive both motor and sensory were decreased to 4/5 in the ulnar nerve distribution. The request was for right elbow exploration and ulnar nerve transposition, post-operative physical therapy, assistant surgeon, cold therapy, a brace, and Norco. The procedure was denied based upon the fact that this was disuse muscle atrophy since there was no evidence of denervation. He felt that ulnar nerve hypersensitivity to touch and increasing pain suggests CRPS. The diagnosis of CRPSD needs to be ruled out and surgery in the face of that diagnosis would possibly further disable the patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Elbow Exploration with Transposition, for The Ulnar Nerve: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 604-605. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Green's Operative Hand Surgery, 6th Edition, and Complex Regional Pain Syndromes (CRPS) Updated 9/8/14

**Decision rationale:** This patient has had 2 surgeries for right ulnar nerve decompression. It is true that there has not been anterior transposition of the ulnar nerve. The prior reviewer has suggested a valid argument against surgery prior to being certain that this is not CRPS. It is well known that Reflex Sympathetic Dystrophy (CRPS) could be worsened if surgery is done in the face of CRPS or Reflex Sympathetic Dystrophy. A delay in doing an anterior transposition, after this length of time since the last failed elbow surgery 3 years ago, is unlikely to be of significant negative consequence. Therefore, this request is not medically necessary.

**[REDACTED] Postoperative Physical Therapy, Twice a Week for 4 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.

**[REDACTED] Assistant Surgeon:** 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.

**[REDACTED]: Cold Therapy for 14 Days:** 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.

**[REDACTED]: Brace: 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.

**[REDACTED]: Norco: 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.