

Case Number:	CM14-0170914		
Date Assigned:	10/23/2014	Date of Injury:	08/02/2012
Decision Date:	12/12/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/16/2014

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:

This is a 39 year-old female with an 8/2/12 date of injury, resulting from a motor vehicle accident. The patient was most recently seen on 9/5/14 with complaints of significant upper extremity weakness, pain and atrophy. She had recently seen a hand specialist who injected her hand. She reported worsening of symptoms following the injection. An EMG/NCV was performed on 9/29/14, and revealed mild to moderate ulnar motor changes at the left elbow. Exam findings revealed dorsal interossei atrophy on the left side of her hand as well as hypothenar eminence atrophy on the right side. The medications included Percocet and Tramadol. Significant diagnostic tests included an EMG/NCV. Treatments to date are physical therapy and steroid injections. An adverse determination was received on 10/6/14 due to insufficient documentation both of physical findings and history of previous treatment. The medications included Percocet, Tramadol. Significant Diagnostic Tests: EMG/NCV. Treatment to date: physical therapy, steroid injections. An adverse determination was received on 10/6/14 due to insufficient documentation both of physical findings and history of previous treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery: Left submuscular ulnar nerve release QTY: 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Surgery for Cubital Tunnel Syndrome (Ulnar Nerve Entrapment)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-06.

Decision rationale: CA MTUS criteria for cubital tunnel release include clear clinical evidence and positive electrical studies, significant loss of function, and failed conservative care; absent findings of severe neuropathy, such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. This patient has been under care for a left elbow injury that began following a motor vehicle accident 2 years ago. According the medical records provided, she has undergone physical therapy; however, the type and duration of therapy was not documented. She also recently had a cortisone injection in her hand, which made her worse. Physical examination revealed atrophy of the muscles of the left hand, and a recent EMG/NCV confirmed mild to moderate motor changes at the left elbow, which are consistent with the physical findings. CA MTUS guidelines recommend at least 3-6 months of conservative care prior to a decision to operate; however, this obtains only "absent findings of severe neuropathy such as muscle wasting." Moreover, this patient does display "clear clinical evidence and positive electrical studies, loss of function, and failed conservative care." Therefore, the request for Surgery: Left ulnar release QTY: 1 is medically necessary.