

Case Number:	CM14-0180551		
Date Assigned:	11/05/2014	Date of Injury:	02/10/2011
Decision Date:	12/30/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/30/2014

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 71 year old male with a 2/10/11 injury date. The injury occurred when he struck his right elbow on the handrail post of the bus. In a 10/9/14 follow-up, the patient continued to report pain and paresthesias in the right upper extremity. The provider indicated that he could not assure him that a third surgical release would be successful, but the patient wished to proceed despite the known risks. Objective findings included a well-healed incision, sensation grossly intact to light touch in the radial and median nerve distributions, decreased sensation in the ring and small fingers, excellent range of motion in all digits, excellent strength in finger abduction and adduction, 5/5 strength with grip and pinch, negative Tinel's sign at the elbow over the course of the ulnar nerve, and no evidence of ulnar nerve irritability with elbow flexion and extension. An 8/26/14 upper extremity EMG/NCV study was normal. Diagnostic impression: residual right cubital tunnel syndrome. Treatment to date: physical therapy, medications, right endoscopic cubital tunnel release X 2. A UR decision on 10/17/14 denied the requests for right revision cubital tunnel release with possible submuscular transposition and flexor/pronator lengthening, and neuroplasty and/or tendon lengthening, ulnar nerve, because there were no objective findings on physical exam indicative of cubital tunnel syndrome that substantiate the patient's symptoms. The requests for EKG, CBC, metabolic panel, and physical therapy were denied because the associated surgical procedures were not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Revision Cubital Tunnel Release with Possible Submuscular Transposition and Flexor/Pronator Lengthening: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-606. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Elbow chapter--Surgery for cubital tunnel syndrome

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. ODG states that surgical transposition of the ulnar nerve is not recommended unless the ulnar nerve subluxes on ROM of the elbow. Surgery for ulnar neuropathy at the elbow is effective at least two-thirds of the time. The results of simple decompression of the ulnar nerve are similar to transposition, so the former simpler method is recommended as the standard procedure. Submuscular transposition remains an appropriate procedure in certain circumstances. However, in this case the patient has already had two cubital tunnel releases and it appears unlikely that a third release will have any additional benefit. The recent EMG/NCV study did not show any evidence of ulnar neuropathy. In addition, recent physical exam findings included a negative Tinel's sign at the elbow and no evidence of ulnar nerve irritability on range of motion. The medical necessity of the procedure has not been established at this point. Therefore, the request for Right Revision Cubital Tunnel Release with Possible Submuscular Transposition and Flexor/Pronator Lengthening is not medically necessary.

Neuroplasty and/or Tendon Lengthening, Ulnar Nerve: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-606. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Elbow chapter--Surgery for cubital tunnel syndrome

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. ODG states that surgical transposition of the ulnar nerve is not recommended unless the ulnar nerve subluxes on ROM of the elbow. Surgery for ulnar neuropathy at the elbow is effective at least two-thirds of the time. The results of simple decompression of the ulnar nerve are similar to transposition, so the former simpler method is recommended as the standard procedure. Submuscular transposition remains an appropriate procedure in certain circumstances. However, the current request for ulnar neuroplasty and/or tendon lengthening is the same as the preceding request, just re-worded. The patient has already

had two cubital tunnel releases and it appears unlikely that a third release will have any additional benefit. The recent EMG/NCV study did not show any evidence of ulnar neuropathy. In addition, recent physical exam findings included a negative Tinel's sign at the elbow and no evidence of ulnar nerve irritability on range of motion. The medical necessity of the procedure has not been established at this point. Therefore, the request for Neuroplasty and/or Tendon Lengthening, Ulnar Nerve is not medically necessary.

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter--Pre operative EKG and Lab testing

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter--Pre operative EKG and Lab testing

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Metabolic Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter--Pre operative EKG and Lab testing

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

8 Physical Therapy Sessions for The Right Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.