

Case Number:	CM14-0021528		
Date Assigned:	05/07/2014	Date of Injury:	06/08/2012
Decision Date:	07/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/20/2014

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 59-year-old male patient with a 6/8/12 date of injury. The patient underwent a right carpal tunnel release and right cubital tunnel release on 5/11/13, followed by physical therapy and protective splinting. 11/19/13 electrodiagnostic studies demonstrate old re-innervated ulnar and median neuropathy with moderate right carpal tunnel syndrome. 11/27/13 progress report indicates gradually worsening right carpal and cubital tunnel syndrome over the previous 3 months with further worsening numbness and tingling over the right ulnar nerve distribution. The patient was beginning to experience numbness and tingling over the median nerve distribution, reported nighttime awakening, and felt some loss of dexterity. Physical exam demonstrates focal tenderness over the right carpal tunnel, positive elbow flexion test, positive right carpal tunnel Tinel and Phalen's tests. 1/24/14 progress report indicates only minimal improvement following initial surgery on 5/11/13. The patient reports continued 5/10 pain with no radiation. Physical exam demonstrates right wrist tenderness, decreased range of motion, grip weakness, positive Tinel, and a healed surgical scar. There is paresthesia of the right fourth and fifth fingers. The patient has had physical therapy, multiple cortisone injections, use of a protective brace. There is documentation of a previous 1/23/14 adverse determination for lack of a second opinion given a complex case history with previous attempts at right carpal and cubital tunnel release with recurrent symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ULNAR NERVE DECOMPRESSION AT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270; 32.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-606.

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. However, the patient has improved only minimally, if at all, following a previous right ulnar nerve decompression. It is unclear how a repeat procedure could be anticipated to result in lasting benefit when a previous procedure has failed to provide lasting improvement. Over the course of the last few progress reports, the surgical plan changed inexplicably from repeat CTS and ulnar nerve release to just ulnar nerve release. It remains unclear whether a transposition is also considered. Lastly, a second opinion was not obtained; the patient has failed surgical treatment of neuropathy and it is imperative that further work-up establish whether there is another issue/lesion (i.e. cervical radiculopathy). Therefore, the request for right ulnar nerve decompression at elbow is not medically necessary.