

Case Number:	CM14-0025931		
Date Assigned:	06/13/2014	Date of Injury:	10/21/2010
Decision Date:	08/13/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	02/28/2014

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 Surgeon, Hand Surgeon and is licensed to practice in Texas. 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 injured worker is a 29-year-old female who reported injury on 10/21/2010. The mechanism of injury was cumulative trauma. Prior treatments included an elbow pad, stretching and ergonomic evaluation and activity modification. The documentation of 02/19/2014 revealed the injured worker had a positive Tinel's at the elbow and a positive flexion test at the elbow. The injured worker had light touch decreased at the small and ring fingers. The diagnoses included; left ulnar nerve entrapment at the elbow and cubital tunnel syndrome. The examination of the right upper extremity revealed sensation to light touch was intact to all digits. The injured worker's prior treatments to the right hand included a status post right ulnar nerve decompression at the elbow on 10/28/2013 and status post MCP injection with ultrasound guidance on 03/06/2013. The treatment plan included an EMG/NCS of the bilateral upper extremities and an ulnar nerve release at the left elbow. Additionally there was a treatment request for preoperative medical clearance and postoperative occupational hand therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRODIAGNOSTIC STUDIES (EDS) FOR BILATERAL UPPER EXTREMITIES (BUE): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The ACOEM Guidelines indicate that electromyography and nerve conduction velocities including age reflex tests may be helpful to identify subtle focal neurologic dysfunction in injured workers with neck or arm symptoms or both lasting more than 3 or 4 weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. The clinical documentation submitted for review indicated that the injured worker underwent conservative care and observation. However, there was lack of documentation indicating a necessity for bilateral upper extremity studies as it was indicated the objective findings were at the left elbow. There was lack of documentation of a peripheral neuropathy condition existing in the bilateral upper extremities and no documentation specifically indicating a necessity for both an EMG and NCV. This request cannot be partially certified and as such, must be denied in its entirety. Given the above and the lack of findings on the left extremity, the request for electrodiagnostic studies, EDS for bilateral upper extremities is not medically necessary.

LEFT ULNAR NERVE DECOMPRESSIONS AT THE ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-38.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

Decision rationale: The ACOEM Guidelines indicate that surgical consultations may be appropriate for injured workers who have significant limitations of activity for more than 3 months, a failure to improve with exercise programs and clear clinical and electrophysiologic or imaging evidence of a lesion that has been shown to benefit in both the long and short term from surgical repair. The clinical documentation submitted for review indicated the injured worker had a failure to improve with an exercise program and had clear clinical evidence of a lesion. There was a concurrent request for an EMG/NCV, however as it was denied for bilateral extremities, there was lack of documentation of electrophysiologic evidence of a lesion. Therefore, given the above, the request for left ulnar nerve decompression at the elbow is not medically necessary.

PRE-OP MEDICAL CLEARANCE: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.