

Case Number:	CM14-0050021		
Date Assigned:	07/07/2014	Date of Injury:	09/24/2013
Decision Date:	08/13/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/17/2014

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 Hand Surgery 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 50-year-old male who reported injury on 09/24/2013. The injured worker was noted to have bilateral knee pain following a trauma with marked hamstring tightness and presumed old Osgood-Schlatter's disease along with cubital tunnel syndrome bilaterally. The mechanism of injury was a fall while lifting a 500 pound copying machine with a dolly with another individual. The injured worker underwent a nerve conduction study on 01/16/2014, which revealed there were significant findings of bilateral cubital tunnel syndrome. The documentation of 03/17/2014 revealed the injured worker was continuing to have pain in the knees with activity, especially kneeling. The injured worker was having pain when coming out of a squatting position. It was indicated the injured worker had not tried a brace or sleeve. The physical examination revealed prominence of the tibial tubercles bilaterally. Tenderness was present in the region of both tibial tubercles, especially the right. The right knee flexed from 2 to 140 degrees and the left knee hyperextended to 140 degrees. There was marked hamstring tightness in the popliteal angles measuring 60 degrees bilaterally. The McMurray's maneuver was negative. Sensation was intact and strength was 5/5. The diagnoses included bilateral anterior knee pain following an industrial injury with history of blunt trauma to the tibial tubercle region and possible Osgood-Schlatter's disease. There appeared to be mild osteoarthritis, marked hamstring tightness, hypertension, and a history of shoulder injuries and back problems. The documentation indicated that possible treatments included formal physical therapy, corticosteroid injection, and even surgery, which was not recommended. The physician opined he would rather avoid corticosteroid injections out of concern for the potential tendon rupture. The subsequent documentation of 05/12/2014 revealed the injured worker was performing independent therapeutic exercises as there was a denial for surgery and therapy for ongoing bilateral knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral in situ decompression of the ulnar nerve at the elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines (revised 2007), Chapter 10, Elbow Disorders, page 37; and on the Official Disability Guidelines (ODG) Elbow Procedure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines (revised 2007), Chapter 10, Elbow Disorders, pages 44-46.

Decision rationale: The ACOEM Guidelines indicate a surgical consultation may be appropriate for injured workers who have significant limitations of activity for more than 3 months, failure to improve in an exercise program and have clear clinical and electrophysiologic or imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Additionally, they indicate that surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. A decision to operate requires documentation of significant loss of function and documentation of failure of conservative care including full compliance in therapy, the use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, work station changes, and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. The clinical documentation submitted for review failed to meet the above criteria. There was a lack of documentation indicating a failure of full compliance of recommended therapy. There was a lack of documentation of an objective physical examination to support the injured worker had ulnar nerve entrapment. Given the above, the request for bilateral in situ decompression ulnar nerve at the elbow is not medically necessary.

Preoperative medical clearance, labs, and an EKG: 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.

Post-operative hand therapy for the bilateral elbows (1 time per week for 8 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.