

Case Number:	CM14-0068433		
Date Assigned:	07/14/2014	Date of Injury:	08/01/2009
Decision Date:	08/11/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/13/2014

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 Orthopaedic 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 49-year-old male sustained an industrial injury on 8/1/09. The patient was status post left carpal tunnel release and ulnar nerve surgery at the elbow in May 2013, right carpal tunnel release and ulnar nerve surgery in August 2013, and left shoulder surgery on 3/17/14. The 3/24/14 bilateral upper extremity electrodiagnostic report impression documented residuals of bilateral carpal tunnel release, consistent with polyneuropathy, and no evidence of ulnar neuropathy, status post release. The physical exam findings documented 5/5 bilateral upper extremity strength and intact sharp sensation throughout the arms and hands. The 4/8/14 treating physician report cited electrical shock-like feeling in the left elbow with no numbness in the fingers or nocturnal symptoms. The physical exam documented tenderness over the left medial epicondyle and the cubital tunnel. There was normal sensation in both hands, and no evidence of motor weakness. Tinel's, elbow flexion, and compression tests were positive at the left elbow. There was recurrent dislocation of the ulnar nerve at left elbow and the patient was quite symptomatic. The treatment plan recommended submuscular anterior transposition of the ulnar nerve and medial epicondylectomy, left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurolysis and Transposition Ulnar Nerve Medial Epicondylectomy, left: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 36-38.

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

Decision rationale: The California MTUS updated ACOEM elbow guidelines state 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 significant loss of function, as reflected in significant activity limitations due to the nerve entrapment and that the patient has failed conservative care, including full compliance in therapy, use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, workstation changes (if applicable), and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. Absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. Guidelines do not recommend medial epicondylectomy for ulnar neuropathy. The guideline criteria have not been met. There is no detailed documentation that recent guideline-recommended conservative treatment had been tried and failed. There is no electrodiagnostic evidence of ulnar neuropathy. There is no current functional assessment reflecting significant activity limitations due to nerve entrapment. Therefore, this request for neurolysis and transposition of the ulnar nerve and medial epicondylectomy, left elbow, is not medically necessary.