

Case Number:	CM14-0070186		
Date Assigned:	07/14/2014	Date of Injury:	01/18/2012
Decision Date:	08/13/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/15/2014

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 41-year-old male police officer sustained an industrial injury on 1/18/12, relative to cumulative trauma. Past surgical history was positive for bilateral median nerve decompression surgeries, right small and ring finger A1 pulley releases on 2/27/13, and right ulnar nerve decompression at the elbow on 4/15/13. The 2/4/14 treating physician report cited swelling of the right ring and small fingers, limited range of motion in extension, and pain in both thumbs. Left upper extremity exam findings documented full range of motion, positive Tinel's and flexion tests, diminished sensation at the lateral elbow, and improved sensation at the small and ring fingers. There was tenderness to palpation at the ring and small finger A1 pulley. The diagnosis included bilateral ulnar nerve entrapment at the elbows, status post right ulnar nerve decompression. Record indicated that a 9/7/12 EMG/nerve conduction study showed mild right ulnar nerve entrapment. The treatment plan recommended left ulnar nerve decompression. The 5/5/14 utilization review denied the request for left elbow surgery and associated services based on an absence of positive electrodiagnostic studies and documented failure of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ulnar decompression at the elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37. Decision based on Non-MTUS Citation Official Disability Guidelines; Elbow (Acute & Chronic).

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. Guideline criteria have not been met. There is insufficient clinical and electrodiagnostic evidence to establish a firm diagnosis of left ulnar nerve entrapment. The reported 9/7/12 EMG/nerve conduction study showed mild right ulnar nerve entrapment, there was no discussion of left ulnar nerve findings. There is no documentation that guideline-recommended conservative treatment has been exhausted and has failed. Therefore, this request for left ulnar decompression at the elbow is not medically necessary.

Pre operative Medical Clearance (including CXR, EKG and Labs): 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 Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation.

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

8-12 post-op occupational hand therapy sessions: 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 Page(s): 22.

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