

Case Number:	CM14-0082140		
Date Assigned:	07/21/2014	Date of Injury:	06/05/2013
Decision Date:	09/08/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/03/2014

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:

The patient is a 52 year old male who sustained an industrial injury on 6/5/2013. The diagnosis of ulnar nerve dysfunction at the elbow, cubital tunnel and at the wrist, is provided. The medical records are unclear as to how many PT/OT sessions he has completed for this condition to date, and his response to any care rendered. Submitted therapy reports are handwritten and somewhat illegible. The medical records indicate requests of OT 2x4 have been denied, per 3/12/2014 PTP progress report, and another, 3/20/2014 supplemental report mentions he may have been attended therapy elsewhere, however further request was made for therapy. According to the 1/15/2014 PTP progress report, the patient complains of persistent numbness in the ring and small fingers, and pain in the left elbow. Actual physical examination findings are not documented. Physical examination states he has a specific injury to the ulnar digital nerve of the small finger and significant ulnar nerve symptoms that were identified as abnormal in the wrist but the patient has no symptoms in the wrist but rather in the elbow. Diagnosis crush injury with laceration of ulnar digital nerve, left small finger, treated with neurotube and left cubital tunnelsyndrome confirmed by corticosteroid injection response. He was provided with corticosteroid injection, improved temporarily and he is using an elbow pad. Suggests he likely requires cubital tunnel release. According to the 4/23/2014 PTP progress report, the patient was re-evaluated. Reportedly, a NCS showed unobtainable distal latency suggesting significant compromise of the ulnar nerve. Objective findings are grip strength right 34, 28, 26 kg and left 16,16,16. Patient remains TTD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Release Ulnar Nerve at Guyons Canal: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 604-605.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Elbow, Surgery for cubital tunnel syndrome (ulnar nerve entrapment).

Decision rationale: The CA MTUS ACOEM guidelines state, evidence is lacking that any of these surgeries has advantages over conservative treatment. The simple ulnar nerve release does have some evidence of benefits over more complicated surgical procedures such as transposition. 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. Before proceeding with surgery, patients must be apprised of all possible complications, including wound infections, anesthetic complications, nerve damage, and the high possibility that surgery will not relieve symptoms. The medical records make mention of a positive nerve conduction study, however, the actual study has not been provided. In addition, although it appears the patient has attended some supervised therapy, it is not clear that conservative care has been exhausted. The guidelines state evidence is lacking that any surgery for ulnar entrapment has advantages over conservative treatment. In addition, there lacks clear evidence of significant loss of function with significant activity limitation. Therefore, this request is not medically necessary.

Post-Operative splint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 41.

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

Post-Op Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Academy of Orthopedic Surgeons-American Academy of Orthopedic Surgeons, Orthopedic Knowledge Update, OKU 9, Jeffrey s. Fischgrund, MD editor, chapter 9 Preoperative Medical Management-page 105-113.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Low Back, Preoperative general.

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

Post-Op Physical Therapy three times a week for four weeks for the left arm: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

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