

<b>Case Number:</b>	CM14-0084250		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	01/06/2003
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 54-year-old male sustained an industrial injury on 1/6/03. The mechanism of injury was not documented. Past medical history was positive for diabetes, hyperlipidemia, sleep apnea, C5/6 spinal stenosis and backache. Past surgical history was positive for left trigger thumb release and bilateral ulnar nerve decompression in situ on 10/20/09. The patient underwent right carpal tunnel release revision and right elbow nerve revision decompression with anterior transposition on 1/10/11. The patient underwent anterior cervical discectomy and fusion at C5-C8 on 6/19/13. The 1/7/14 bilateral upper extremity EMG/NCV study documented right greater than left ulnar neuropathy across the elbow and bilateral median neuropathy across the wrist. The 4/30/14 treating physician office note indicated the patient presented to discuss the possibility of surgery. The patient had continued medial elbow pain with left ring and small finger numbness. Review of systems documented bilateral arm numbness and tingling. Exam findings documented equivocal findings at the cubital tunnel with no visible muscle atrophy or wasting in the left hand and some pinch and abduction weakness. The treatment plan recommended left revision neurolysis with anterior transposition of the ulnar nerve. The 5/9/14 utilization review denied the request for left revision ulnar nerve transposition and associated requests as current exam findings were equivocal and there was no documentation that conservative treatment had been exhausted. The 5/13/14 treating physician report cited left hand and elbow pain with left hand numbness. Review of systems documented bilateral arm numbness and tingling. Physical exam findings documented left elbow with equivocal Tinel's and flexion tests. There was mild weakness with left pinch and abduction testing. There was no visible wasting or atrophy of the left hand. The diagnosis was cubital tunnel syndrome. The patient was provided with a nocturnal extension splint and nighttime protocol. Follow-up was recommended in 3 months.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Left revision ulnar nerve transposition Quantity 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines)<http://www.ncbi.nlm.nih.gov/pubmed/15145733>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-37.

**Decision rationale:** The California MTUS 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. Guideline criteria have not been met. There is positive electrodiagnostic evidence of left ulnar neuropathy across the elbow but clinical exam findings are equivocal (for old vs. new). Functional assessment is not documented. There is no detailed documentation that guideline-recommended conservative treatment had been tried for at least 3 to 6 months and failed. Therefore, this request for one left revision ulnar nerve transposition is not medically necessary.

### **Labs: CBC(complete blood count) BPM (basic metabolic panel): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines).

**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: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology, pages 522-38.

**Decision rationale:** As the request for left revision ulnar nerve transposition is not medically necessary, the associated request for labs: CBC (complete blood count) and BPM (basic metabolic panel) is also not medically necessary.

### **(EKG) Electrocardiography: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines).

**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: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology, pages 522-38.

**Decision rationale:** As the request for left revision ulnar nerve transposition is not medically necessary, the associated request for (EKG) electrocardiography is also not medically necessary.

**Chest X-rays:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines).

**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: ACR Appropriateness Criteria® routine admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011. 6 p.

**Decision rationale:** As the request for left revision ulnar nerve transposition is not medically necessary, the associated request for chest x-rays is also not medically necessary.

**Post Op Physical Therapy 2 times a week for 6 weeks Quantity 12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines).

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18.

**Decision rationale:** As the request for left revision ulnar nerve transposition is not medically necessary, the associated request for post-op physical therapy 2 times a week for 6 weeks, quantity 12, is also not medically necessary.