

Case Number:	CM14-0085264		
Date Assigned:	07/23/2014	Date of Injury:	06/16/2011
Decision Date:	09/22/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/07/2014

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 58-year-old female sorter sustained an industrial injury on 6/16/11. Injury occurred while pushing a container full of potatoes. The patient underwent right open carpal tunnel release on 4/22/13. The 11/23/13 right elbow MRI impression documented the ulnar nerve at the level of the cubital tunnel was within normal limits in caliber and signal. There was mild common extensor tendinosis and mild biceps tendinosis. The 2/6/14 treating physician report cited right lateral elbow pain without any relief following corticosteroid injection to the lateral epicondyle. The patient had numbness and tingling in the ulnar 2 digits not relieved with the cubital comfort brace. She was status post right carpal tunnel release with only 2 occupational therapy sessions. She reported that therapy made her worse. The treatment plan recommended exhaustion of conservative treatment prior to surgical consideration. The 3/20/14 treating physician progress report cited constant numbness and tingling in the ulnar 2 digits and right medial elbow pain. The patient was using a cubital comfort brace that helped but did not eliminate symptoms. Right cubital tunnel exam documented negative Tinel's, negative ulnar nerve subluxation, positive direct compression, and positive hyperflexion test. The medial epicondyle was mildly tender. The patient had exhausted all non-operative treatment options including wearing the cubital tunnel brace. The treatment plan recommended right open cubital tunnel release and possible medial epicondylectomy, followed by aggressive occupational therapy. The 5/7/14 utilization review denied the request for right open cubital tunnel release and possible medial epicondylectomy as guideline criteria were not met relative to electrodiagnostic evidence and detailed conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revise ulnar nerve at elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Elbow Chapter.

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. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive guideline-recommended conservative treatment had been tried and failed. There is no documentation that electrodiagnostic studies have been performed or have evidenced ulnar nerve entrapment. Therefore, this request is not medically necessary.

Post-operative physical therapy: 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): 18.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.