

Case Number:	CM14-0085982		
Date Assigned:	07/23/2014	Date of Injury:	10/02/2008
Decision Date:	08/27/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/09/2014

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 63-year-old male sustained an industrial injury on 10/2/08, due to continuous trauma. The patient was status post right trigger thumb release in November 2005, left trigger thumb releases on 6/2/10 and 8/7/13, and left first dorsal compartment release on 2/2/11. The 2/13/14 electrodiagnostic study conclusion documented an abnormal study with findings compatible with left cubital tunnel syndrome. The 3/4/14 AME report cited subjective complaints of constant pain of 5-6/10 in the left wrist, hand and fingers. Pain was increased with pushing, pulling, lifting, gripping, grasping and torqueing. He had difficulty picking up small items, performing pinching motions, or writing with a pen. There was radiation of pain to the left distal forearm. There was constant numbness and tingling in the 4th and 5th digits and at the medial aspect of the left hand, dorsal and palmar aspects of the hand to the wrist. Left wrist/hand/finger symptoms frequently awakened him very early in the morning. Physical exam documented no left elbow tenderness or swelling. Tinel's was positive at the cubital tunnel. Elbow range of motion was symmetrical. There was no evidence of left hand muscle wasting. The treatment plan recommended proceeding with ulnar nerve decompression as the patient was demonstrating left ulnar nerve compressive symptoms. The 4/23/14 treating physician progress report cited constant left hand soreness and numbness in the left hand and digits. He reported little relief from bracing. Jamar grip strength was 10/14/14 on the right and 12/18/18 in the left. There was positive Tinel's and the medial elbow, decreased sensation left right finger and small digits. The diagnosis was cubital tunnel syndrome. The patient was reportedly capable of modified work. The treatment plan recommended left cubital tunnel release with medial epicondylectomy. The 6/6/14 utilization review denied the request for cubital tunnel release as there was no documentation of electrodiagnostic findings consistent with ulnar nerve entrapment and there was no detailed documentation of conservative treatment and response. The request for medial epicondylectomy

was denied as there was no guideline support for this procedure in the treatment of ulnar neuropathy. Pre-operative clearance was denied as the surgeries were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cubital tunnel release: Overturned

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

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

Decision rationale: The California MTUS 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. Surgery is recommended in the form of simple decompression for patients with chronic ulnar neuropathy at the elbow who have positive electrodiagnostic studies, objective evidence of loss of function, and lack of improvement with 3 to 6 months of comprehensive conservative treatment. Guideline criteria have been met. This patient has undergone at least 6 months of reasonable conservative treatment including physical therapy, activity modification, anti-inflammatory medications, and bracing. Clinical exam and electrodiagnostic findings are consistent with the diagnosis of left cubital tunnel syndrome. Significant functional limitation is noted. Therefore, this request for cubital tunnel release is medically necessary.

Preoperative clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities 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: Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met. Middle-aged males have known occult increased medical and cardiac risk factors. Given the patient's age and risks of anesthesia, this request for pre-operative clearance is medically necessary.

Left medical epicondylectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37-38.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-38. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: J Hand Surg Am. 2013 Feb;38(2):336-43. doi: 10.1016/j.jhsa.2012.11.006. Epub 2013 Jan 3. Outcomes following modified oblique medial epicondylectomy for treatment of cubital tunnel syndrome.

Decision rationale: The California MTUS updated ACOEM elbow guidelines state that medial epicondylectomy for ulnar neuropathy is not recommended. However, clinical orthopedic literature does support the procedure and it is within the purview of the provider. Therefore, this request for left medial epicondylectomy is medically necessary.