

Case Number:	CM14-0088005		
Date Assigned:	07/23/2014	Date of Injury:	02/11/2002
Decision Date:	09/22/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/12/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 60-year-old female who has submitted a claim for ulnar nerve lesion associated with an industrial injury date of February 11, 2002. Medical records from November 6, 2013 up to April 16, 2014 were reviewed showing continued pain with associated numbness at the 4th and 5th digits. Documentation also noted that the Pil-O-splint for the right elbow showed benefit. Physical examination showed decreased sensation of the right 5th digit and decreased right hand grip strength. X-ray of the right elbow dated 1/8/2014 shows normal elbow, no concern for epicondylitis or internal derangement. X-ray of the right wrist dated 1/8/2014 showed positive ulnar variance measuring 2mm. Electrodiagnostic evaluation dated 1/8/2014 showed normal nerve conduction study right upper extremity, and changes of denervation and reinnervation in the right ulnar territory and in the right suprascapular nerve territory. Treatment to date has included Norco, Advil, Soma, carpal tunnel release 10/13/10, and physical therapy. Utilization review from June 3, 2014 denied the request for Right Cubital Release, Right Medial Epicondylectomy, and 1 pre-op clearance. The surgical option of medial epicondylectomy is costly, invasive, has side effects, and may not address the neuropathy. Thus not recommended. Surgery for cubital tunnel syndrome should begin with conservative treatment. Documentation noted that the pillow splint for the right elbow was beneficial. Thus cubital release is not recommended. The patient is not a candidate for the requested surgery, so the pre-operative labs are not necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Cubital Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37-38. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter, Surgery for cubital tunnel syndrome (ulnar nerve entrapment).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. For cubital tunnel syndrome, simple decompression is recommended in most cases. Surgical transposition of the ulnar nerve is not recommended unless the ulnar nerve subluxes on ROM of the elbow. Initial conservative treatment including strengthening exercises, activity modification, medications, and use of a pad/night splint for at least 3 months is necessary prior to surgery. In this case, the patient does show signs of cubital tunnel syndrome. X-ray of the right elbow dated 1/8/2014 shows normal elbow, no concern for epicondylitis or internal derangement. X-ray of the right wrist dated 1/8/2014 showed positive ulnar variance measuring 2mm. Electrodiagnostic evaluation dated 1/8/2014 showed normal nerve conduction study right upper extremity, and changes of denervation and reinnervation in the right ulnar territory and in the right suprascapular nerve territory. Surgery for cubital tunnel syndrome should begin with conservative treatment. Documentation noted that the pillow splint for the right elbow was beneficial. In addition, patient should continue with strengthening exercises. Conservative treatment should first be exhausted prior to surgery. Therefore the request for Right Cubital Release is not medically necessary.

Pre-Op Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The related request for Right Cubital Release and Right Medial Epicondylectomy has been deemed not medically necessary; hence, all of the associated services, such as this request for Pre-Op Clearance is likewise not medically necessary.

Lab Work: CBC, BMP, CMP, UA, CXR, PREG, PT, PTT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The related request for Right Cubital Release and Right Medial Epicondylectomy has been deemed not medically necessary; hence, all of the associated services, such as this request for LAB WORK: CBC, BMP, CMP, UA, CXR, PREG, PT, PTT are likewise not medically necessary.

EKG (side and site unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical systems Improvement (CSI). Preoperative Evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Jul 33 p.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The related request for Right Cubital Release and Right Medial Epicondylectomy has been deemed not medically necessary; hence, all of the associated services, such as this request for EKG (side and site unspecified) is likewise not medically necessary.

Right Medial Epicondylectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37-38. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter, Surgery for cubital tunnel syndrome (ulnar nerve entrapment).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. For cubital tunnel syndrome, simple decompression is recommended in most cases. Surgical transposition of the ulnar nerve is not recommended unless the ulnar nerve subluxes on ROM of the elbow. Initial conservative treatment including strengthening exercises, activity modification, medications, and use of a pad/night splint for at least 3 months is necessary prior to surgery. In this case, the patient does show signs of cubital tunnel syndrome. X-ray of the right elbow dated 1/8/2014 showed normal elbow, no concern for epicondylitis or internal derangement. . X-ray of the right wrist dated 1/8/2014 showed positive ulnar variance measuring 2mm. Electrodiagnostic evaluation dated 1/8/2014 showed normal nerve conduction study right upper extremity, and changes of denervation and reinnervation in the right ulnar territory and in the right suprascapular nerve territory. Surgery for cubital tunnel syndrome should begin with conservative treatment. Documentation noted that the Pil-O-Splint for the right elbow was beneficial. In addition, patient should continue with strengthening exercises. Conservative treatment should first be exhausted prior to surgery. Therefore, the request for Right Medial Epicondylectomy is not medically necessary.