

Case Number:	CM13-0021603		
Date Assigned:	02/20/2014	Date of Injury:	06/11/2002
Decision Date:	01/23/2015	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/09/2013

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 Ohio. 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 injured worker is a 54-year-old male who reported an injury on 06/11/2002. The mechanism of injury was due to carrying a cabinet down a flight of stairs, feeling pain in his low back and bilateral shoulders. The injured worker has diagnoses of rule out persistent ulnar nerve compression, status post medial epicondylectomy, and ulnar nerve decompression. His medical treatment consisted of surgery, physical therapy, and medication therapy. The injured worker has a surgical history of right knee times 3, right shoulder times 2, left shoulder, right elbow, and left elbow. On 03/04/2013, the injured worker underwent EMG/NCS to the upper extremities. This revealed bilateral upper extremity muscles enervated by C5 to T1 nerve roots inclusive. No spontaneous activity was seen in any muscles tested in the form of fibrillations, positive shockwaves, or fasciculation. Voluntary motor unit morphologies were otherwise normal. The right median sensory nerve revealed prolonged distal latency and decreased amplitude, although the nerves tested were within normal limits. On 11/12/2014, the injured worker complained of right elbow pain. Physical examination revealed that gait and station were within normal limits. Grip strength to the right was 65/65/65 pounds. Biceps circumference on the right was 11 inches. Forearm circumference to the right was 11.25 inches. It was noted that the injured worker had full range of motion to the right elbow. He had a positive Tinel's sign over the cubital tunnel. There was no tenderness elsewhere. There were normal motor and sensory examinations of the right upper extremity. The medical treatment plan is for repeat electrodiagnostic testing of the right upper extremity. If the ulnar nerve is still pinches, a redo of the ulnar nerve decompression is recommended. The Request for Authorization Form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Elbow open anterior transposition of ulnar nerve submuscular vs. subcutaneous: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-606.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45-46.

Decision rationale: The request for outpatient elbow open anterior transposition of ulnar nerve submuscular vs. subcutaneous is not medically necessary. The California MTUS/ACOEM Guidelines state that quality studies are available on submuscular transportation. Submuscular transportation has not been shown to be beneficial. The surgical option for this problem is high cost, invasive, and has side effects. Thus, submuscular transportation is not recommended. The documentation lacked indication of a firm diagnosis of nerve entrapment. The EMG/NCS dated 03/04/2013 indicated that there was no spontaneous activity seen in any muscle tests in the form of fibrillations, positive shockwaves, or fasciculation. Voluntary motor unit morphologies were otherwise normal. The right median sensory nerve revealed prolonged distal latency and decreased amplitude. However, there were absent findings of severe neuropathy such as muscle wasting. Given the above, the injured worker is not within the recommended guideline criteria. As such, the request is not medically necessary.