

Case Number:	CM14-0135727		
Date Assigned:	10/13/2014	Date of Injury:	10/28/2009
Decision Date:	01/07/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/21/2014

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 Minnesota. 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 58 year old male injured on 10/28/2009. He experienced acute onset of pain in his left elbow while doing his usual work as a composite fabricator. He underwent surgical repair of a ruptured biceps tendon on 8/23/2010. Progress notes from 1/20/2014 document neck pain and left sided radicular pain. An electrodiagnostic study of 5/6/2014 revealed mild left median neuropathy and possible left cervical radiculopathy but there was no evidence of ulnar neuropathy found. Needle EMG of the 1st dorsal interosseous muscle did not show evidence of denervation. On 7/7/2014 the injured worker presented with a history of increased numbness in the 4th and 5th fingers after lifting. Examination revealed tenderness over the cubital tunnel with a positive Tinel's sign over the ulnar nerve. The documentation does not indicate any conservative treatment. Surgical exploration of the ulnar nerve was requested. This was non-certified by UR as there was no clear diagnosis of ulnar nerve entrapment and the electrodiagnostic studies did not correlate with the clinical findings. Furthermore, evidence of conservative treatment was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left elbow ulnar nerve exploration: Upheld

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

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

Decision rationale: California MTUS guidelines indicate surgery for ulnar nerve entrapment after establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with the clinical findings. Surgery is indicated when there is significant loss of function, activity limitations, and evidence of failed conservative care including therapy, elbow pads, no leaning on the elbow, and a night extension splint. There is no evidence that conservative treatment has been tried and failed. Furthermore, there is no electrodiagnostic evidence of ulnar nerve entrapment. Therefore, the surgery as requested is not supported by guidelines and as such is not medically necessary.