

Case Number:	CM14-0186177		
Date Assigned:	12/22/2014	Date of Injury:	10/30/2010
Decision Date:	01/16/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	11/07/2014

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 Plastic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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 claimant is a 63 year-old, right hand dominant male who sustained cumulative trauma between 10/30/09 and 10/30/10 due to the repetitive nature of his occupation. It was noted to have also aggravated his pre-existing hypertension and diabetic- condition. He was a non-smoker, He was diagnosed with probable cervical inyelopatby, cervical discopatby with stenosis, thoracic strain, lumbar disc rupture, bilateral shoulder strain, bilateral cubital tunnel syndrome, bilateral CTS, bilateral hip strain, bilateral knee strain and bilateral ankle/foot strain as well as anxiety and depression. E.M.G/NCV studies on 12/26/13 revealed evidence of severe bilateral carpal tunnel syndrome affecting sensory and motor components. There was evidence of mild acute LS radiculopathy on the right. There was also bilateral (severe right and mild left) cubital tunnel syndrome. Left ulnar nerve decompression is planned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left elbow ulnar decompression surgery: 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): 240. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Hand Surg Eur Vol. 2009 Apr;34(2):201-7. Conservative

treatment of the cubital tunnel syndrome. Svernlöv B1, Larsson M, Rehn K, Adolfsson L. After a professional and thorough review of the documents, my analysis is that the above listed issue

Decision rationale: According to the ACOEM guidelines, Chapter 10 page 240, "Surgery for ulnar nerve entrapment is indicated after establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. A decision to operate presupposes that a significant problem exists, as reflected in significant activity limitations due to the specific problem and that the patient has failed conservative care, including 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 elbow flexion while sleeping." Although the patient has positive nerve conduction tests, the records do not document muscle wasting. A trial of medical management is not documented. According to a recent study, up to 85% of patients with ulnar nerve compression improve with medical management. Absent a trial of medical management, the requested left elbow ulnar decompression surgery is not medically necessary.