

Case Number:	CM14-0195837		
Date Assigned:	12/03/2014	Date of Injury:	05/16/2013
Decision Date:	01/28/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/21/2014

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 54-year-old female with a history of industrial injury to the right upper extremity on 5/16/2013. Her diagnosis is cervical disc displacement, labral tear and rotator cuff tendinopathy of the right shoulder, and positive impingement signs. She also has a flexion contracture of the right elbow with range of motion from 30-125 degrees and documentation of osteoarthritis in the joint.. There is also a fixed radiooulnar joint ankylosis in 60 of pronation with no movement in the joint. There is a congenital synostosis of the radius and ulna with absence of the proximal radius on MRI. Documentation also indicates the presence of cubital tunnel syndrome with decreased 2 point discrimination in the fifth finger and a positive Tinel's sign at the cubital tunnel. A surgical request for right ulnar nerve transposition was noncertified by utilization review as there was no electrodiagnostic study that correlated with the clinical findings. However, this has since been provided. X-rays of the elbow revealed a synostosis of the radius and ulna at approximately the proximal third of the forearm with absence of the radial head and the proximal shaft. Moderate degenerative changes were noted in the elbow joint. An MRI scan of the cervical spine dated 7/9/2013 revealed multilevel degenerative disc disease with central spinal stenosis at C4-5, C5-6, and C6-7 and mild to moderate neural foraminal narrowing. A repeat MRI of the cervical spine dated 2/19/2014 reveals progression of the degenerative changes. An MRI of the hips dated 3/10/2014 revealed severe osteoarthritis with avascular necrosis of both hips. An MRI of the right elbow dated 3/12/2014 revealed congenital absence of the proximal radius and moderate degenerative changes of the ulnohumeral joint. An electrodiagnostic study dated 8/21/2013 is documented. The right ulnar motor nerve showed reduced amplitude and decreased conduction velocity across the cubital tunnel. The right ulnar sensory nerve was within normal limits. Needle evaluation of the right first dorsal interosseous

muscle showed widespread spontaneous activity and positive sharp waves. The impression was severe right ulnar neuropathy across the elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery ulnar nerve transposition for the right side: Overturned

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

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

Decision rationale: The California MTUS guidelines recommend a trial of conservative treatment for ulnar nerve entrapment at the elbow including elbow padding, avoidance of leaning on the ulnar nerve at the elbow, avoidance of prolonged hyperflexion of the elbow, and utilization of non-steroidal anti-inflammatory drugs (NSAIDs). In this case, an electrodiagnostic studies revealed severe ulnar nerve entrapment with slow of conduction across the elbow and presence of positive sharp waves in the first dorsal interosseous muscle. An MRI revealed presence of a flexion contracture of the elbow due to radioulnar synostosis with absence of the proximal radius and fixed pronation of the forearm. In addition, there is a long history of persistent ulnar nerve entrapment. In light of the above diagnostic findings, surgical considerations are indicated. The guidelines recommend a simple ulnar nerve release which does have evidence of benefits over the more complicated surgical procedures, such as transposition. A firm diagnosis has been established and the electrodiagnostic studies correlate with the objective clinical findings. Significant loss of function has been documented and there is evidence of partial denervation of the first dorsal interosseous muscle on needle electromyography. Quality studies of patients with chronic ulnar neuropathy at the elbow are available on surgical treatment for ulnar nerve entrapment. The simple decompression is preferred over the more complex anterior transposition and this procedure is recommended by guidelines. As such, this request is medically necessary.