

Case Number:	CM14-0197484		
Date Assigned:	12/05/2014	Date of Injury:	09/04/2012
Decision Date:	01/16/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/24/2014

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 and Reconstructive Surgery and is licensed to practice in Maryland, Virginia & North Carolina. 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 39 year old female with a reported date of injury on 9/4/12 who requested right open cubital tunnel release with ulnar nerve transposition. Documentation from 4/17/14, notes that she has been documented to have persistent numbness in the ulnar nerve distribution of the right hand, despite using a cubital tunnel splint. On examination the patient is noted to have positive exam findings of positive compression test, positive Tinel's sign and positive elbow hyperflexion test at the cubital tunnel. 2 point discrimination in the small finger is 10 mm on the radial side and 8 mm along the ulnar side. Assessment is the patient has persistent cubital tunnel syndrome despite conservative management and thus, electrodiagnostic studies should be repeated. Documentation from 6/19/14, notes that electrodiagnostic studies were negative. She was recommended to continue conservative management with the elbow sleeve especially through the night. Progress note dated 8/18/14 states that the patient reports being improved from her right cubital tunnel symptoms and only gives her a slight sting when she extends it fully. She does not wish to have surgery on the elbow. Qualified medical evaluation dated 9/12/14 notes an assessment of paresthesia in the right upper extremity consistent with cubital tunnel syndrome of the elbow. Electrodiagnostic studies were not available for this evaluation, but 'If the nerve conduction studies are positive for ulnar nerve involvement at the right elbow then she would be a candidate for further treatment in the form of an ulnar nerve release or transposition.' Supplemental report dated 10/7/14 notes that the results of the electrodiagnostic studies were not available. She may be candidate for surgery 'if her repeat EMG/nerve conduction studies are positive for peripheral nerve impingement.' Documentation from 10/16/14 notes that the patient's symptoms of the right ring and small fingers is worsening. She has been using splints for 6 months, but 3 electrodiagnostic studies have been negative. Examination notes positive compression test at the right cubital canal with positive Tinel's and

positive elbow hyperflexion test. Grip strength is less on the right side as compared to the left. Recommendation was made for right cubital tunnel release with ulnar nerve transposition. An option was given for continued conservative management and repeat electrodiagnostic studies in 2 months. UR review dated 10/28/14 did not certify the procedure as there is no recording of the degree of sensory or motor loss, electrodiagnostic studies have been negative and transposition of the ulnar nerve is not recommended as there is no mention of subluxation of the nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right open cubital tunnel release with ulnar nerve transportation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Elbow, surgery for cubital tunnel syndrome

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Elbow complaints, pages 36-38.

Decision rationale: The patient is a 39 year old female with signs and symptoms of possible right cubital tunnel syndrome. She has undergone conservative management but does not have confirmatory findings from electrodiagnostic studies. The studies have been negative on 3 occasions. The decision to operate is not supported by the qualified medical examiner, as he had stated that surgical intervention may be necessary if electrodiagnostic studies showed ulnar nerve compromise. From ACOEM, elbow complaints, pages 36-38. Evidence is lacking that any of these surgeries has advantages over conservative treatment. The simple ulnar nerve release does have some evidence of benefits over more complicated surgical procedures such as transposition. Surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. A decision to operate requires significant loss of function, as reflected in significant activity limitations due to the nerve entrapment and that the patient has failed conservative care, including full compliance in therapy, 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 prolonged elbow flexion while sleeping. Before proceeding with surgery, patients must be apprised of all possible complications, including wound infections, anesthetic complications, nerve damage, and the high possibility that surgery will not relieve symptoms. Absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. Thus, right cubital tunnel release with transposition should not be considered medically necessary. In addition, as stated by the UR, additional transposition would only be considered if there is evidence of ulnar nerve subluxation (which has not been documented). Therefore the request is not medically necessary.

Associated service: Long arm splint: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated service: PA assistant: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated service: Post operative occupational therapy (hand): 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated service: Facility-outpatient: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.