

Case Number:	CM14-0202234		
Date Assigned:	12/12/2014	Date of Injury:	05/27/2014
Decision Date:	02/04/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/03/2014

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:

This claimant has right wrist pain. Exam shows tenderness over the TFCC and distal radial ulnar joint tenderness. Carpal compression and Phalen's testing is positive. MRI shows a peripheral TFCC tear and central degeneration. Nerve conduction testing shows moderate right median nerve compression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible ulnar nerve decompression: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 240.

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." The records do not include the results of a nerve conduction test confirming the diagnosis of cubital tunnel syndrome. In addition, the records do not document a trial of medical management for his symptoms.

Post-Op Occupational Therapy, three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-therapy guidelines..

Decision rationale: The MTUS guidelines support physical therapy following ulnar nerve release. In this case, however, the ulnar nerve release is not certified, and therefore, the postoperative therapy is not required.