

Case Number:	CM15-0004927		
Date Assigned:	02/06/2015	Date of Injury:	01/05/2012
Decision Date:	03/31/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 34-year-old male, who sustained an industrial injury on 1/5/12. Injury occurred when he was reaching for his computer and felt a popping sensation in his right arm. He reported an immediate onset of right shoulder and arm pain with numbness into the fourth and fifth digits. Records documented conservative treatment to include anti-inflammatory medication, activity modification, physical therapy for the right shoulder and neck, and right shoulder corticosteroid injection. The 2/12/14 EMG/nerve conduction study report documented an abnormal study with mild slowing of the right ulnar nerve across the elbow without active denervation in the ulnar innervated muscles. This finding was reported as suggestive of mild entrapment/irritation of the right ulnar nerve at this location. The 2/27/14 right elbow MRI was reported as a negative study. The 12/2/14 treating physician report cited continued neck and right shoulder, elbow, and wrist/hand pain. Functional difficulty was reported in activities of daily living, particularly gripping, grasping, holding, manipulating, and repetitive and forceful use of the arms and hands. Bilateral elbow exam documented clinical subluxation of the right ulnar nerve at the elbow with a snapping sensation when he flexes and extends the elbow. Right elbow range of motion was normal, there was no tenderness to palpation, and provocative testing was negative. The diagnoses included right ulnar nerve subluxation at the elbow, right shoulder subacromial impingement syndrome, cervical strain, and anxiety, depression, and sleep difficulty. The treatment plan recommended right ulnar nerve transposition. On 12/5/14, utilization review non-certified a right ulnar nerve transposition at the right elbow, noting the recent therapy history and official electrodiagnostic studies were not provided for medical

review, therefore the request was not supported by the guidelines. The MTUS American College of Occupational and Environmental Medicine Guidelines was cited. On 1/9/15, the injured worker submitted an application for IMR for review of a right ulnar nerve transposition at the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ulnar nerve transposition at the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45-46.

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

Decision rationale: The California MTUS guidelines state that 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. Absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. Guideline criteria have not been met. Guideline criteria have not been fully met. The patient presents with documented subluxation of the ulnar nerve at the elbow and electrodiagnostic evidence of mild ulnar entrapment or irritation at the elbow. Evidence of a recent, reasonable and/or comprehensive guideline-recommended non-operative treatment protocol trial directed to the elbow and failure has not been submitted. There are no findings suggestive of severe neuropathy to support proceeding with surgery prior to such detailed and fully documented conservative treatment. Therefore, this request is not medically necessary.