

<b>Case Number:</b>	CM15-0103820		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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:

This injured worker is a 31-year-old female who sustained an industrial injury on 6/1/13. The mechanism of injury was not documented. The 12/11/14 electrodiagnostic report conclusion documented abnormalities involving the C7 nerve root and mild left ulnar motor neuropathy at the cubital tunnel region. The 3/18/15 treating physician report cited no change in symptoms of bilateral elbows/arm pain. Pain was reported 4/10, with the tingling in the left 5th digit most bothersome. She reported that in physical therapy when the therapist applied pressure at C6/7, her numbness in the left 5th digit was gone while pressure was applied. Physical exam documented normal bilateral elbow range of motion, mild right medial epicondyle tenderness, and mild ulnar nerve tenderness on the left. The diagnosis included left ulnar nerve lesion, left brachial neuritis, and right medial epicondylitis. The injured worker had finished 8 sessions of therapy and was to continue her home exercise program. The 4/15/15 treating physician report cited no change symptoms of neck, left hand and right elbow pain. Physical exam documented normal upper extremity strength, right medial epicondyle tenderness, decreased sensation of the small finger left hand and mild sensitivity of the ulnar nerve. Electrodiagnostic testing in December 2014 showed compression of the ulnar nerve at the cubital tunnel. Non-operative measures had not provided lasting relief and pain persisted. Authorization was requested for left elbow ulnar nerve decompression and Norco 10/325 mg for postoperative pain. A corticosteroid injection was performed to the right medial epicondyle. The 5/15/15 utilization review non-certified the left elbow ulnar nerve decompression and post-operative medication, as there was no detailed evidence of guideline-recommended conservative treatment failure. The 6/1/15

treating physician report indicated that the injured worker had bilateral elbow pain, 7/10 right elbow and 3/10 left elbow. She had tried non-operative treatment of injections, splints, therapy, and wearing nocturnal splints for her left elbow ulnar neuropathy for more than one year. She had EMG confirmed nerve compression of the left elbow with continued symptoms despite documented non-operative treatment. Left elbow exam documented normal carrying angle, tenderness over the ulnar nerve adjacent to the medial epicondyle, normal range of motion, 5/5 elbow strength, and decreased sensation of the left small and ring fingers. Valgus instability, lateral pivot shift, Tinel's, resisted wrist and dorsiflexion were all negative. Authorization was requested for nerve release at the left elbow. Continued home exercise program was recommended. The 5/29/15 injured worker appeal letter stated that she had completed all prescribed therapy, took all the medications, iced daily, performed home exercises, and wore an elbow splint every night. She reported that her arm woke her up at night and it was hard to do anything at home especially after a work day. She reported that this was taking a physical and mental toll on her.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ulnar nerve decompression to the left elbow:** Overturned

**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 been met. This injured worker presents with persistent neck and upper extremity pain with left 4th/5th digit numbness. Clinical exam findings documented tenderness over the ulnar nerve adjacent to the medial epicondyle but provocative testing was negative. There was electrodiagnostic evidence of abnormalities involving the C7 nerve root and mild left ulnar motor neuropathy at the cubital tunnel region. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. The diagnosis appears to be reasonably established at this time. Therefore, this request is medically necessary.

**Norco 10/325mg (unspecified qty):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91.

**Decision rationale:** As the surgical request is supported, this request would typically have been medically necessary. However a quantity has not been specified and therefore the request is not reasonable at this time and is not medically necessary.