

Case Number:	CM15-0182131		
Date Assigned:	09/29/2015	Date of Injury:	10/01/2009
Decision Date:	11/06/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/15/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 51 year old male, who sustained an industrial injury on 10-01-2009. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for moderate to severe cervical and thoracolumbar chronic myofascial pain syndrome, bilateral ulnar nerve entrapment with medial and lateral epicondylitis, bilateral carpal tunnel syndrome, chronic sprain injuries to the bilateral shoulders, elbows and wrist, depression and difficulty sleeping. Medical records (04-14-2015 to 09-04-2015) indicate ongoing constant neck, upper and lower back pain, constant pain with movement in the bilateral shoulders, constant pain in the bilateral elbows and wrist. Pain levels varied from 5-7 out of 10 on a visual analog scale (VAS) to 7-9 out of 10 without medications, and from 2-3 out of 10 with medications. Records also indicate no changes in activities of daily living. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-04-2015, revealed mild to moderate restricted range of motion (ROM) in the cervical and lumbar spines, multiple myofascial trigger points and taut bands throughout the cervical paraspinal muscles, trapezius, levator scapulae, scalene, infraspinatus, thoracic and lumbar paraspinal muscles and the gluteal muscles, positive Spurling's and neck compression test, moderately decreased ROM in both shoulders, mildly decreased ROM in both elbows and wrist, positive impingement signs bilaterally, tenderness to palpation over the bilateral medial epicondyle, positive Romberg's sign, worsening of decreased sensation in the 2nd, 3rd, 4th and 5th digits of bilateral hands, and decreased grip strength in both hands. Relevant treatments have included unknown amount of left shoulder surgery, left elbow surgery, right carpal tunnel release, physical therapy (PT), aquatic therapy, work restrictions, and

pain medications. EMG (electromyography) and NCV (nerve conduction velocity) studies were completed (2012) and showed evidence of moderate right C5 radiculopathy, mild left C5-6 radiculopathy, and mild denervation due to bilateral ulnar neuropathy, and mild to moderate bilateral ulnar nerve entrapment at both elbows. The request for authorization (09-04-2015) shows that the following services were requested: surgical transposition of the bilateral ulnar nerves, and 12 sessions of physical therapy (PT) for the shoulders and back (2x6). The original utilization review (09-14-2015) non-certified the request for surgical transposition of the bilateral ulnar nerves, and partially approved the request for 12 sessions of PT for the shoulders and back (modified to 2 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical transposition of the bilateral ulnar nerves: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Ulnar Nerve Entrapment.

Decision rationale: The patient is a 51 year old male with signs and symptoms of a possible ulnar entrapment neuropathy at both elbows. On 9/14/15 he is noted to have worsening sensation in the ulnar nerve distribution of the bilateral hands. Other signs of ulnar nerve compression at the elbow were not documented including Tinel's signs. Previous EDS (2012) are reported to be consistent with mild to moderate ulnar nerve compression at the elbows. Conservative management is stated to have included failure of elbow braces. Greater documentation of other conservative measures and over what time period is lacking. From page 27, ACOEM, elbow chapter, "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". As there are not findings of severe neuropathy, at least a 3-6 month of recommended conservative care should be documented. This was not adequately documented within the records provided for this review. Therefore, bilateral transposition of the ulnar nerves is not medically necessary. In addition, recommendation is made for simple decompression, unless certain other factors are present to justify anterior transposition.

Physical therapy for shoulders and back 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient is a 51 year old male with evidence of chronic back and shoulder pain. He has been undergoing trigger point injections and medical management. Recommendation had been made for bilateral steroid injections to the shoulders which was authorized. Due to recent symptom aggravation, a request was made for 12 sessions of physical therapy, in addition to a home exercise program. Overall, the patient has evidence of an acute exacerbation of his chronic back and shoulder pain. He has been undergoing conservative management and thus, a trial of physical therapy appears consistent with ACOEM guidelines as stated: Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. Therefore, the requested 12 visits exceeds the recommended guidelines for myalgia/neuralgia and thus is not medically necessary. 2 visits were authorized by UR and thus, depending on the response of this and a home exercise program, further requests for additional physical therapy can be considered.