

Case Number:	CM15-0198237		
Date Assigned:	10/13/2015	Date of Injury:	03/18/2013
Decision Date:	12/01/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/08/2015

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: Minnesota, Florida
 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 is a 53 year old male who sustained a work-related injury on 3-18-13. Medical record documentation on 8-25-15 revealed the injured worker was being treated for neck pain, jaw pain, loss of right ear hearing, right shoulder and ulnar radicular pain, and ulnar neuropathy of the right hand. He reported increased shoulder pain, neck pain and has had multiple ear infections in the right ear. He reported worsening symptoms and continued headaches. His medications included metformin 500 mg, Motrin 800 mg and Ibuprofen 800 mg. Objective findings included full range of motion of the shoulder with pain on forward elevation, external rotation and internal rotation. He had tenderness to palpation on the trapeziums, levator scapula and paraspinal muscles. He had full range of motion of the elbow, wrist and hand. He had ulnar neuropathy with loss of sensation in the last two digits with worsening symptoms in the fifth phalange. There was weakness with interosseous muscle testing. An EMG-NCV of the right upper extremity on 3-17-15 revealed peripheral neuropathy of the bilateral upper extremities, possible right median neuropathy across the wrist, and decreased conduction velocity of the right ulnar nerve likely due to underlying peripheral neuropathy. A request for right elbow ulnar nerve revision-transposition as an outpatient and associated services was received on 9-1-15. On 9-9-15, the Utilization Review physician determined right elbow ulnar nerve revision-transposition as an outpatient and associated services was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Elbow Ulnar Nerve Revision/Transposition Outpatient: 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 injured worker is a 53-year-old male with a history of injury to the right upper extremity, head and neck in 2013. There is also a history of type 2 diabetes. The requested procedure is revision/transposition right ulnar nerve at the elbow. The diagnosis is cubital tunnel syndrome. EMG and nerve conduction studies dated 3/17/2015 are noted. Examination at that time revealed sensation to light touch was intact in the right upper extremity. Muscle tone was normal. Strength was 5/5 in the right upper extremity. Deep tendon reflexes were symmetrical. There was tenderness to palpation over the trapezius, cervical and thoracic paraspinal muscles. The working diagnosis was neuralgia. Nerve conduction studies of the right upper extremity were performed and the left upper extremity performed for comparison. The impression was peripheral neuropathy of bilateral upper extremities the right ulnar nerve showed uniform decreased conduction velocity likely due to the presence of underlying peripheral neuropathy, ulnar neuropathy across the elbow could not be excluded. An MRI scan of the right shoulder dated 6/20/2013 is noted. The rotator cuff was normal with no retraction, tear or atrophy. The long head of biceps was also normal. The acromion was type II in morphology with no impingement. There was abnormal morphology and signal in the posterior inferior labral ligamentous complex best noted at the inferior labral level. California MTUS guidelines indicate surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with the 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, work station changes, 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. In this case, the EMG and nerve conduction study of 3/17/2015 has revealed peripheral neuropathy of both upper extremities involving the median and ulnar nerves. The right ulnar nerve showed uniform decreased conduction velocity likely due to the underlying peripheral neuropathy although ulnar neuropathy across the elbow could not be excluded. In the absence of clear electrical studies that correlate with clinical findings, the request for revision/transposition of the right ulnar nerve at the elbow is not supported and the medical necessity of the request has not been substantiated.

Associated surgical service: Shoulder Immobilizer: Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Activity Modification.

Decision rationale: With regard to the request for a shoulder immobilizer, California MTUS guidelines indicate shoulder disorders may lead to joint stiffness more often than other joint disorders. Therefore careful advice regarding maximizing activities within the limits of symptoms is imperative, once red flags have been ruled out. In this case there is no red flag pertaining to the shoulder documented. As such, the use of a shoulder immobilizer is not indicated by guidelines and the medical necessity of the request has not been substantiated.