

Case Number:	CM15-0021130		
Date Assigned:	02/10/2015	Date of Injury:	05/18/2011
Decision Date:	03/30/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/03/2015

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 48 year old male, who sustained an industrial injury on 5/18/2011. He has reported multiple trauma including cervical and lumbar spine, right shoulder, right elbow, right hip, right knee. The diagnoses have included lateral epicondylitis/lesion of ulnar nerve, status post right ulnar nerve release and lateral epicondylitis, debridement and repair surgery on 10/23/13, chronic low back pain, disc protrusion, facet arthritis, with possible instability. Treatment to date has included right shoulder surgery, right elbow surgery, right knee surgery, and physical therapy and steroid injections administered to multiple joints and lumbar regions, and radiofrequency ablation. Currently, the IW complains of fingers first through third digits cramp up. Physical examination from January 12, 2015, documented completion of sixteen (16) hand therapy treatments with continued weakness and fatigue when writing and holding a cup of coffee. Objective findings included decreased sensation to right hand digits 4-5, positive subluxation ulnar nerve, medial flexor origin and cubital tunnel, positive Tinnel's test. An electromyogram completed 7/18/14 was reported as normal. The plan of care included an ulnar nerve transposition to treat a subluxating ulnar nerve. Documentation from 8/1/14 notes that the patient had previously undergone right ulnar nerve release on 10/23/13. He now has a subluxating ulnar nerve. Ulnar nerve transposition may help, 'but it is impossible to know how much.' On 1/20/2015 Utilization Review non-certified a right ulnar nerve anterior transposition and twelve (12) physical therapy postoperative visits, noting the documentation did not support the medical necessity of the requested treatments. The MTUS Guidelines were cited. On 2/3/2015, the injured worker submitted an application for IMR for review of right ulnar nerve

anterior transposition and twelve (12) physical therapy postoperative visits. The requesting surgeon responded to the denial on 1/28/15 stating that the patient has evidence of ulnar nerve subluxation that is different from prior to the previous surgery. He notes that the patient had had simple ulnar nerve release previously. Currently, he has signs and symptoms consistent with ulnar nerve subluxation and compromise at the elbow. He has failed conservative measures including physical therapy, activity modification, elbow padding and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ulnar Nerve Anterior Transposition: Upheld

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

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

Decision rationale: The patient is a 48 year old male with signs and symptoms of possible recurrent ulnar nerve compromise at the right elbow that had failed conservative measures. He is noted to have evidence of right ulnar nerve subluxation. Previous evaluation noted an uncertain degree of expected success from ulnar nerve transposition. Previous electrodiagnostic studies did not show evidence of ulnar nerve entrapment. From ACOEM, page 37, Anterior Transposition Quality studies 118, 119, 120 are available on anterior transposition for chronic ulnar nerve entrapment at the elbow. Studies show that while effective, the complication rate is higher than for simple decompression. Surgical options for this problem are high cost, invasive, and have side effects. Yet, in well-defined but infrequent cases that include positive electrodiagnostic studies with objective evidence of loss of function where at time of attempted decompression, indications are felt to be present necessitating anterior transposition, this may be a reasonable option. Thus, subject to these caveats, anterior transposition is recommended. As stated this may be indicated in cases with positive electrodiagnostic studies. However, this is not present currently for this patient. Thus, anterior transposition of the ulnar nerve should not be considered medically necessary. If it is felt that there has been progression of the patient's symptoms, it may be warranted to repeat the electrical studies.

12 Post-Op Hand Therapy Visits: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

