MAXIMUS Federal Services

Case Number:	CM15-0058864		
Date Assigned:	04/03/2015	Date of Injury:	09/10/2014
Decision Date:	05/26/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/27/2015

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: California
Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 25-year-old male who reported injury on 09/10/2014. The mechanism of injury occurred when his right arm was smashed between a wall and a truck. The injured worker underwent an ORIF of the right humeral shaft fracture with implementation of plate and screws, irrigation, debridement down to the bone, and closure of complex laceration. The injured worker's past treatments included surgery, medications, and physical therapy. On 03/11/2015, the injured worker complained of right elbow pain. He also complained of pain in the right upper arm just above the elbow rated at 6/10 with morning stiffness. The injured worker also noted having difficulty sleeping on the right side due to pain in the elbow. Physical examination of the right arm revealed range of motion with extension of -50 degrees, flexion at 100 degrees, supination 80 degrees, and pronation 80 degrees. There were noted mild ulnar nerve paresthesias in the forearm and ulnar 1.5 digits. The injured worker also had a positive cubital tunnel's test. Unofficial right elbow x-ray performed on 03/11/2015 revealed radiocapitellar and ulnohumeral joint with no fracture noted and a well healed intact plate for distal humeral fracture. There was also an absence of cyanosis, clubbing or edema. A request was received for right knee arthrotomy elbow contracture release surgery, subcutaneous ulnar nerve anterior transposition with assistant surgeon. A rationale was not provided. A Request for Authorization form was submitted on 03/12/2015. An EMG/NCV study performed on 03/30/2015 revealed entrapment neuropathy of the ulnar nerve across the right elbow with moderate slowing of nerve conduction velocity and conduction block at the line connecting the medial epicondyle to the olecranon.

There is no electrophysiological evidence of entrapment neuropathy on the right medial and radial nerves or motor radiculopathy in the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow Arthrotomy elbow contracture release surgery, Subcutaneous Ulnar Nerve Anterior Transposition w/ Assistant Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, Elbow Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, surgical assistant.

Decision rationale: According to the California MTUS/ACOEM Guidelines, 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. Furthermore, there should be documentation of significant loss of function with significant activity limitations due to the nerve entrapment and has failed adequate conservative care, including full compliance in therapy, use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, workstation changes, and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. The injured worker was noted to be status post ORIF of the right humerus fracture. However, there was lack of documentation indicating the injured worker had significant loss of function with activities due to the nerve entrapment or has failed adequate conservative treatments. Furthermore, there was lack of significant physical examination findings to corroborate the diagnostic study. Based on the above, the request is not supported by the evidence based guidelines. As such, the surgical request is not medically necessary or appropriate at this time.

Associated Surgical Services: Pre-operative Lab Work: CBC, PT, PTT, INR and Chem Panel: Upheld

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

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.

Associated Surgical Services: post-Operative Physical Therapy 2-3 x 4-6 weeks: Upheld

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

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.

Associated Surgical Services: Sling: Upheld

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

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.