

Case Number:	CM15-0086973		
Date Assigned:	05/11/2015	Date of Injury:	04/23/2014
Decision Date:	07/09/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/06/2015

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:

The 59 year old male injured worker suffered an industrial injury on 04/23/2014. The diagnoses included left cubital tunnel syndrome and left wrist tendonitis. The diagnostics included electromyographic studies/nerve conduction velocity studies. The injured worker had been treated with steroid injection, and splints. On 2/18/2015 the treating provider reported numbness and tingling in the left small and ring finger that occurred 3 times a day. She also described neck pain and elbow pain along the ulnar nerve pathway. The treatment plan included Left Ulnar Nerve Decompression with possible ulnar nerve transportation at elbow, CBC and BMP, EKG, Chest x-ray, and post-operative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Ulnar Nerve Decompression with possible ulnar nerve transportation at elbow:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34-35.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: ODG 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. In this case the clinical picture was initially suggestive of carpal tunnel syndrome. In fact, a negative Tinel sign over the ulnar nerve at the cubital tunnel was documented. The initial electrodiagnostic study of June 11, 2014 was normal although the report indicates that the injured worker was experiencing left wrist and forearm pain at the ulnar aspect for more than 4 months. A subsequent orthopedic examination of October 30, 2014 revealed subjective complaints of numbness and tingling in the left thumb and index finger and pain in the small and ring fingers. The numbness and tingling and achy pain seemed to radiate up the arm. On the right side she had numbness and tingling from the thumb to the index finger. On physical examination there was no atrophy in the hand. The carpal tunnel Tinel's test was positive on the left and the cubital tunnel Tinel's test was positive on the right. Phalen's test and carpal tunnel compression test was positive bilaterally. The elbow flexion compression test was negative bilaterally. The repeat electrodiagnostic study of December 11, 2014 performed by a different provider was normal with the exception of relatively slow nerve conduction velocity across the elbow segments of the ulnar nerves bilaterally. There was no evidence of denervation on needle electromyography. Although bilateral slowing was documented, the symptoms are primarily on the left side. As such this did not represent clear electrodiagnostic evidence of cubital tunnel syndrome, particularly in light of the absence of any evidence of denervation on needle electromyography of the ulnar nerve supplied muscles such as the first dorsal interosseous. Furthermore, the guidelines also suggest documented failure of conservative care including full compliance in therapy, use of elbow pads, and preventing elbow flexion while sleeping for at least 3-6 months before making a decision to operate. The documentation provided does not include evidence of such conservative treatment. In light of the foregoing, the request for ulnar nerve decompression and possible anterior transposition is not supported and the medical necessity of the request has not been substantiated.

Associates Surgical Services: CBC and BMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for clinical systems improvement 2006 Jul page 37.

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

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

Associates Surgical Services: 1 EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for clinical systems improvement 2006 Jul page 37.

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

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

Associates Surgical Services: 1 Chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for clinical systems improvement 2006 Jul page 37.

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

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

12 sessions of post operative therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

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