

Case Number:	CM15-0088137		
Date Assigned:	05/12/2015	Date of Injury:	09/24/1998
Decision Date:	06/12/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/07/2015

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 74 year old female who sustained an industrial injury on 09/28/1998. Mechanism of injury was a fall against a wall resulting in injury to the neck and low back. Diagnoses include degenerative cervical disc disease status post cervical fusion, right ulnar entrapment with cubital tunnel syndrome with worsening symptomatology, bilateral hip pathology, and degenerative lumbar disc disease, multilevel. Treatment to date has included diagnostic studies, physical therapy, and medications. A physician progress note dated 03/26/2015 documents the injured worker continues to have numbness in her right upper extremity and a sense of weakness. The note documents the electromyography and nerve conduction velocity study done on 02/19/2015 confirms she has significant right ulnar nerve entrapment at the cubital tunnel. She has known degenerative cervical and lumbar disc diseases which are being managed with physical therapy. A progress note dated 01/05/2015 documents cervical range of motion is limited. There is decreased pin perception in the ulnar distribution on the right side and there is a very positive Tinel's sign overlying the ulnar nerve just below the cubital tunnel on the right side. Treatment requested is for outpatient right ulnar decompression at the cubital tunnel. Electrodiagnostic study report from 2/19/15 note findings consistent with a relatively mild right cubital tunnel syndrome. Documentation from 4/28/15 notes that in response to the denial a trial of conservative management was ordered, including physical therapy and padding of the elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right ulnar decompression at the cubital tunnel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 37.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 18 and 19.

Decision rationale: The patient is a 74-year-old female with signs and symptoms of a possible right ulnar nerve entrapment of the elbow that EDS report a relatively mild condition. Given this condition and guidelines set forth in ACOEM, it is reasonable to perform recommended conservative management prior to surgical intervention. From ACOEM, Chapter 10, the following is stated with respect to cubital tunnel syndrome: Aside from surgical studies, there are no quality studies on which to rely for treatment of ulnar neuropathies, and there is no evidence of benefits of the following treatment options. However, these options are low cost, have few side effects, and are not invasive. Thus, while there is insufficient evidence, these treatment options are recommended: Elbow padding [Insufficient Evidence (I), Recommended]; Avoidance of leaning on the ulnar nerve at the elbow [Insufficient Evidence (I), Recommended]; Avoidance of prolonged hyperflexion of the elbow [Insufficient Evidence (I), Recommended]; and; Although not particularly successful for neuropathic pain, utilization of NSAIDs [Insufficient Evidence (I), Recommended]. Therefore, based on these recommendations, the above conservative management should be documented prior to surgical intervention. Right cubital tunnel release should not be considered medically necessary at this point.