MAXIMUS Federal Services

Case Number:	CM15-0234576		
Date Assigned:	12/10/2015	Date of Injury:	09/09/2013
Decision Date:	01/19/2016	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	12/01/2015

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: Arizona
Certification(s)/Specialty: 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 44 year old female, who sustained an industrial injury on 9-9-13. The injured worker was being treated for left ulnar nerve entrapment, sprain of left wrist and left medial epidcondylitis. On 10-15-15, the injured worker complains of constant pain and numbness in left arm, left elbow and left wrist rated 5-7 out of 10. Work status is noted to be modified duty if available. Physical exam performed on 10-15-15 by neurology and pain management specialist revealed decreased range of motion of left wrist and left elbow, tenderness to palpation of medial epicondyle on left, decreased sensation at 2nd and 3rd digits of left hand and decreased strength of left hand. Additionally, the patient had an abnormal EMG study May, 2015 that showed moderate left ulnar nerve entrapment at the left elbow. Treatment to date has included oral medications including Ultram 50mg and Prozac 20mg (which provide 50-60% pain relief), physical therapy (without improvement in symptoms), elbow brace, nerve block, NSAIDs and activity modifications. Request for authorization submitted on 10-15-15 revealed surgery of ulnar nerve at elbow, Ultram 50mg #90, Prozac 20mg #60 and follow up appointment in 6 weeks. On 11-2-15 request for surgery of left ulnar nerve at elbow and office visit follow up in 6 weeks was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery-Left Ulnar Nerve at Elbow #1: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ulnar Nerve Release. Medscape. http://emedicine.medscape.com/article/1973549-overview.

Decision rationale: Ulnar nerve release is indicated for cubital tunnel syndrome with positive clinical and instrumental signs (nerve conduction studies and electromyography [EMG]) of compression at the elbow. Therefore in this patient who has an abnormal EMG showing moderate left ulnar nerve entrapment at the left elbow and is symptomatic from the ulnar nerve entrapment, the request for a surgical consultation for evaluation of the left ulnar nerve entrapment is medically necessary and appropriate. The prior utilization review is overturned.

Office Visit Follow up in 6 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm, Forearm, Wrist, & Hand.

Decision rationale: Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354.2): Postsurgical treatment: 20 visits over 10 weeks, *Postsurgical physical medicine treatment period: 6 months. Therefore, the request for a 6 week follow-up is medically necessary and appropriate and the prior utilization review is overturned.