

Case Number:	CM13-0060926		
Date Assigned:	02/21/2014	Date of Injury:	04/05/2011
Decision Date:	09/26/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	12/04/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60-year-old male who reported injury on 04/05/2011. The mechanism of injury was not provided. The documentation indicated the injured worker underwent EMG and nerve conduction studies on 06/10/2013, which demonstrated severe left ulnar neuropathy at the wrist and right moderate ulnar neuropathy. The injured worker's testing was noted additionally to include an MRI of the right shoulder and cervical spine. The prior treatments included acupuncture and physical therapy. The injured worker's medications included diclofenac and Norco. The injured worker was noted to be utilizing a left cubital tunnel brace at night. The documentation of 09/16/2013, revealed the injured worker had numbness and tingling in his bilateral hands. The injured worker was noted to have an EMG and nerve conduction velocity test that was positive for cubital tunnel bilaterally. The injured worker had a positive Tinel's at the elbow bilaterally. There was decreased sensation in the ring and small fingers on the bilateral hands. The diagnoses included bilateral cubital tunnel syndrome. The treatment plan included the injured worker had positive electrodiagnostic findings and the recommendation was for a staged right and left cubital tunnel release. Additionally, the request was made for physical therapy for the bilateral elbows. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Cubital Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44- 45.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have significant limitations of activity for more than 3 months and have clear clinical and electrophysiologic evidence or imaging evidence of a lesion that has been shown to benefit in both the long and short term from surgical repair. There should be documentation of significant limitation of activity for more than 3 months. Additionally, they indicate that surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrodiagnostic studies that correlate with clinical findings. There should be documentation of a significant activity limitations due to nerve entrapment and that the injured worker has failed conservative care, including full compliance in therapy, the use of elbow pads, removing opportunities to rest the elbow on the ulnar groove and work station changes if applicable, as well as avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. The clinical documentation submitted for review indicated the injured worker had positive findings upon physical examination. There was a lack of documentation indicating official nerve conduction study results. There was a lack of documentation of a failure of recommended conservative care. Given the above, the request for bilateral cubital tunnel release is not medically necessary.

Post operative Physical Therapy 3 visits per week for 4 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.