Case Number:	CM14-0000867		
Date Assigned:	01/17/2014	**Date of Injury:**	08/09/2013
Decision Date:	06/25/2014	**UR Denial Date:**	12/13/2013
Priority:	Standard	**Application Received:**	01/02/2014

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 Hand 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 54-year-old male who reported injury on 08/09/2013. The mechanism of injury was a crushing injury of the left hand in a machine. X-rays revealed a fracture of the metacarpals. The patient underwent irrigation and debridement of the skin, soft tissue, metacarpal 3 open reduction and internal fixation of the carpometacarpal 4th fracture, dislocation open reduction pinning, CMC 5 dislocation open reduction and percutaneous pinning, repairof the EDC 2 zone 6, repair EDC 3 zone 6, repair EDC 4 zone 6, repair EDC 5 zone 6, and a repair of the extensor digiti minimi zone 6 as well as an extension of a dorsal laceration 6 mm, a carpal tunnel release, a repair of lacerations, and application of splint on the left hand on 08/09/2013. The patient underwent an EMG/NCV on 11/14/2013. The request revealed marked left carpal tunnel syndrome, left radial neuropathy, ulnar neuropathy at the elbows bilateral right greater than left, and chronic bilateral C8 radiculopathy left greater than right and possible chronic left C7 chronic radiculopathy. MRI of the left wrist revealed no evidence for fibrotic changes or median nerve thickening. There was a minimal amount of fluid seen within the radioulnar joint but no triangular fibrocartilage complex tear. MRI of the left hand on 11/13/2013 indicated the osseous structures that were unremarkable without definite fracture or bone marrow edema. The flexor and extensor tendons were grossly intact. No joint effusion was seen. The physical examination with a date that was not provided indicated pain reports to the left hand of 3/10 to 4/10 and 8/10 at night. It was reported to be numbness and tingling in the left thumb, index finger, ring finger, and small finger; and weakness/stiffness to the left hand and a painful dorsal lump for 2 weeks. The left index finger and lump size had increased in thelast 3 weeks. Objective findings revealed a decreased grip strength on the right. There was binding of the extensor tendons along the dorsal aspect and scarring of the left wrist. There was a keloid scar in the palmar aspect of the left wrist. The was complete sensory loss of the left left median nerve

distribution and marked sensory loss in the left ulnar distribution. The diagnoses included status post left hand crush injury with subsequent open reduction and internal fixation left 3rd metacarpal fracture, post traumatic stiffness left hand, rule out left median and ulnar nerve injuries left hand, extensor tendon adhesions, left hand, keloid left palm, and complaints of depression. The treatment plan included continuation of medications and physical therapy for the left wrist and hand twice a week for 6 weeks and a left carpal tunnel release, left ulnar nerve decompression at the left elbow and extensor tenolysis at the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULNAR NERVE DECOMPRESSION AT THE ELBOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, FOREARM,WRIST AND HAND COMPLAINTS, PAGES 270-271

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45-46.

Decision rationale: The MTUS/ACOEM Guidelines indicate that 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. There should be a documentation of a significant loss of function, as reflected in significant activity limitations due to the nerve entrapment and that the claimant 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 avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. The clinical documentation submitted for review indicated the patient was continuing to undergo physical therapy. There was a lack of documentation of a significant loss of function, documentation of a loss of a failure of conservative care, and documentation of use of the elbow pads, removal of the opportunities to rest the elbow on the ulnar groove and avoiding nerve irritation at night. Therefore, the request for ulnar nerve decompression at the elbow is not medically necessary and appropriate.