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| **Case Number:** | CM14-0126269 | | |
| **Date Assigned:** | 09/16/2014 | **Date of Injury:** | 03/12/2009 |
| **Decision Date:** | 10/16/2014 | **UR Denial Date:** | 07/30/2014 |
| **Priority:** | Standard | **Application Received:** | 08/08/2014 |

## 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 Orthopaedic Surgery and is licensed to practice in California. 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:

This 52-year-old male test desk technician sustained an industrial injury on 3/12/09 due to repetitive work activities. The patient underwent multiple surgeries: reconstruction of the right sixth dorsal compartment with tenosynovectomy of the right extensor carpi ulnaris tendon on 7/13/09; stabilization of the distal radioulnar joint with palmaris longus graft and triangular fibrocartilage complex (TFCC) debridement on 1/12/10; removal of hardware and right wrist manipulation under anesthesia on 2/16/10; first dorsal compartment release and extirpation of the extensor carpi ulnaris on the right side on 4/28/11; and in situ right ulnar nerve decompression on 7/26/12. Records indicated the patient had intractable hand pain, which was constant, severe, and caused profound limitations. The 4/23/14 right wrist MRI impression documented findings suggestive of carpal tunnel syndrome. There was a subtle tear in the TFCC, minimal fluid in the radioscaphoid and ulnotriquetral joint spaces, and bone defects in the distal radius and ulna post removal of orthopedic screws. The 5/6/14 electrodiagnostic study findings were suggestive of minimal right carpal tunnel syndrome and bilateral chronic active C5/6 radiculopathy. The 7/11/14 orthopedic report cited bilateral hand pain with numbness and tingling. The right elbow/forearm exam documented tenderness over the medial and antecubital elbow regions, with direct compression to the medial epicondyle, and along the course of the ulnar and upper median nerves. Range of motion testing documented flexion 135, extension 0, supination 35, and pronation 80 degrees with 5/5 strength in all muscle groups. There was globally decreased sensation. Ulnar nerve and upper median nerve Tinel's signs were positive. Elbow flexion and resisted wrist flexion testing were positive. Right wrist/hand exam documented mild swelling, volar wrist tenderness, full range of motion, 5/5 strength, and globally decreased sensation. Tinel's, Phalen's, and Durkan's tests were positive. The diagnosis included bilateral carpal tunnel syndrome, right pronator tunnel pain, bilateral cubital tunnel syndrome, left deQuervain's, and

cervical radiculopathy. The treatment plan recommended continued medications and requested authorization for right revision open carpal tunnel release with neuroplasty, right elbow pronator tunnel release, and revision ulnar nerve release with medial epicondylectomy. The 7/30/14 utilization review denied the request for right elbow nerve revision, humerus revision and neuroplasty based on a lack of documented conservative treatment and electrodiagnostic studies.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right elbow nerve revision, humerus revision and neuroplasty, as an outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - https://www.acoempracguides.org/Elbow; Table 2, Summary of Recommendations, Elbow Disorders

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-37.

**Decision rationale:** The California MTUS guidelines state 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. Guidelines state that medial epicondylectomy for ulnar neuropathy is not recommended. 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, workstation changes (if applicable), and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. Absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. Guideline criteria have not been met. The electrodiagnostic studies do not evidence ulnar neuropathy. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, this request is not medically necessary.