

Case Number:	CM14-0126305		
Date Assigned:	09/16/2014	Date of Injury:	02/07/2009
Decision Date:	10/16/2014	UR Denial Date:	08/04/2014
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 35-year-old male sustained an industrial injury on 2/7/09 relative to cumulative trauma. The patient was diagnosed with severe left cubital tunnel syndrome and underwent ulnar nerve transposition on 8/19/09. The patient was able to return to work but was taken off work in April 2013 due to increased left upper extremity symptoms. The 7/9/14 electrodiagnostic report impression documented evidence of an incomplete proximal left ulnar neuropathy with on-going denervation. The 7/17/14 and 7/24/14 treating physician reports cited persistent symptoms in the left elbow and hand. There was significant loss of sensation in the ulnar digits. He complained of weakness and loss of coordination in the left hand, hypersensitivity around the elbow, and deep burning elbow pain. He was unable to grip for prolonged periods of time due to pain. The elbow pain was a constant throb and kept him up at night. Physical exam documented atrophy in the first web space and decreased sharp dull discrimination over the ulnar digits. Two point discrimination was 7 mm. There was a significantly positive Tinel's in the cubital tunnel. There was a 15-cm incision over the posteromedial elbow with hypersensitivity noted along the wound. The 7/9/14 nerve conduction study showed an incomplete proximal left ulnar neuropathy with axonal denervation. The treatment plan recommended revision left ulnar nerve transposition. The 8/4/14 utilization review denied the request for left elbow cubital tunnel release based on a lack of documented conservative treatment consistent with guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cubital Tunnel Release Left Elbow: Overturned

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

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. 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 been met. This patient presents with persistent left elbow and hand symptoms status post ulnar nerve transposition. Subjective and clinical exam findings are consistent with electrodiagnostic evidence of a left ulnar neuropathy with on-going denervation. Reasonable conservative treatment has been tried and failed. Significant functional limitation is documented. Therefore, this request is medically necessary.