Case Number:	CM14-0149171		
Date Assigned:	09/18/2014	**Date of Injury:**	01/19/2011
Decision Date:	10/17/2014	**UR Denial Date:**	08/29/2014
Priority:	Standard	**Application Received:**	09/15/2014

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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland, Virginia, and North Carolina. 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 patient is a 64 year old female with a reported date of injury on 1/19/11 who requested right ulnar nerve decompression and transposition at the elbow.Documentation from 8/20/14, notes that the patient is seen for follow-up of her right hand and elbow pain. She complains of right hand tingling/numbness all digits with weakness. She is noted to have failed education activity modification, night splints, and injections. She has numbness, tingling, wrist pain at night or with repetitive use. Examination notes positive Tinel's ulnar nerve, median nerve, positive Flick test, 2 point discrimination greater than 6mm all digits, and weakness in the thenar/hypothenar musculature. Diagnosis is stated as cubital tunnel syndrome of the right arm and recommendation for carpal tunnel release and cubital tunnel release.Qualified medical evaluation dated 4/21/14 noted the patient with a complaint of right elbow pain, weakness, loss of motion and ulnar sided numbness. The patient had had an injury to the right elbow while at work on 1/19/11 and underwent operative repair on 1/31/11. She received multiple post-operative injections to relieve her elbow pain and crepitus without significant relief. The patient subsequently developed heterotopic ossification and underwent a second procedure consisting of removal of her radial head implant and excision of exogenous bone. The patient noted some improvement in her elbow pain but noted lack of functional range of motion, weakness and the development of ulnar sided numbness and dysesthesias. Electrodiagnostic studies documented impairment of the ulnar nerve at the cubital tunnel. The treating physician recommended a decompression of the ulnar nerve at the cubital tunnel. Examination notes moderate crepitus with active and resistive motion, decreased strength in flexion, extension, supination and pronation, ulnar motor function intact, decreased 2 point sensation on ulnar border digits and Tinel's sign positive at the cubital tunnel. Recommendation is that 'the patient still requires decompression and perhaps transposition of her ulnar nerve and possible arthroscopic

debridement of her elbow joint.'Documentation from 8/13/13, notes that the patient is seen in follow-up of pain, numbness and tingling of the right upper extremity. Examination notes positive Tinel's about the ulnar nerve. There is weakness about the intrinsics about the FTP. This is increased compared to previous. The patient is diagnosed with right elbow cubital tunnel that has worsened. Recommendation is made for subcutaneous transposition of the ulnar nerve. It is stated that is was approved previously but had to be postponed due to elevated blood sugar. Previous EMG studies documented positive cubital tunnel and there is also weakness and diminished sensation. The patient is temporarily and totally disabled. Documentation from 5/23/13, notes that the patient with continued same symptoms related to the ulnar nerve of the right elbow. Examination notes positive Tinel's at the ulnar nerve, diminished 2 point discrimination and slight weakness of the hand. Diagnosis is ulnar neuropathy and recommendation for surgical treatment as previously outlined.Documentation from 4/11/13, notes that patient on examination has positive Tinel's and Phalen's at the ulnar nerve. There is still some weakness in the first dorsal osseous. Diagnosis is ulnar neuropathy, right and recommendation for cubital tunnel subcutaneous transposition.Documentation from PreOp dated 2/20/13 notes that the patient with pain and weakness of the right upper extremity with use. 'No numbness or tingling per patient.' Examination notes positive Tinel's of the right upper extremity and weak grip strength 3/5. The patient is scheduled for right cubital tunnel release. Utilization review dated 8/29/14 did not certify the procedure of right ulnar nerve release and transposition at the elbow. Electrodiagnostic studies from 8/13/12 revealed right ulnar nerve neuropathy of the elbow. However, the reason for denial is that 'there is no documentation noting a recent comprehensive non-operative treatment protocol trial/failure.'

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ulnar Decompression Transposition: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 604-605.

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

Decision rationale: The patient is a 64 year old female with a history of multiple right elbow surgeries following an injury. She has complained of signs and symptoms of ulnar nerve entrapment at the right elbow confirmed by electrodiagnostic studies from 8/13/12. There have not been findings documented to suggest severe neuropathy such as muscle wasting, only muscle weakness. Previous QME evaluation noted that the ulnar motor function was intact. Therefore, as specifically addressed in ACOEM with respect to surgical treatment, there must be adequate documentation of '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.' This has not been adequately documented in the medical records provided for review. Thus, without this documentation right ulnar nerve decompression and transposition should not be considered medically necessary for this patient.From ACOEM, Chapter 10, Elbow complaints page 37: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. Before proceeding with surgery, patients must be apprised of all possible complications, including wound infections, anesthetic complications, nerve damage, and the high possibility that surgery will not relieve symptoms. Absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate.