

<b>Case Number:</b>	CM14-0166439		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 50 year old male who caught his right hand in a grape harvester and torqued his right hand, wrist, and forearm on 09/12/2012. He sustained fractures treated by open reduction and internal fixation the next day. He developed a post-operative infection treated by incision and drainage on 10/04/2012. The plate and screws were removed on 11/12/2013. Because of persisting pain he underwent a MR arthrogram of the wrist on 1/17/2014. He was found to have a triangular fibrocartilage complex tear and underwent arthroscopy with debridement and synovectomy on 3/21/2014. He also injured his right ulnar nerve at the cubital tunnel. Nerve conduction studies are abnormal, there is abnormal 2 point discrimination, and the degree of ulnar neuropathy is moderately severe, potentially consistent with axonometric injury. The disputed issues are the ulnar nerve transposition, subfascial and submuscular with Z-plasty lengthening of the flexor/pronator origin of the right elbow. The transposition was approved but the Z-plasty lengthening was denied. Also disputed is a PA surgical assistant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Z-plasty lengthening of the flexor pronator origin right medial elbow: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Washington State Department of Labor and Industries. Work-related ulnar neuropathy at the elbow (UNE) diagnosis and treatment. Olympia (WA): Washington State Department of Labor and Industries; 2010 Jan 1. 11 p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Journal of Bone & Joint Surgery. Am. 2003 July 85A (1) 1314-20

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) and Official disability Guidelines (ODG) do not discuss the requested surgical procedure. The study cited above involved 105 limbs and reported the results of musculo-fascial lengthening technique for submuscular transposition of the ulnar nerve at the elbow. The authors reported 88% rate of good to excellent results. There is enough evidence of the usefulness of this procedure, particularly for moderately severe ulnar neuropathy at the cubital tunnel such as this. Therefore the requested procedure is medically necessary. The prior denial was based upon the silence of California MTUS and ODG on this surgical procedure. The guidelines state that just because it is not listed in MTUS treatment should not be withheld.

**1 PA assistant:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (Centers for Medicare and Medicaid services, Physician Fee Schedule Search, CPT Code 27447; <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: JBJS Am. 2003 July 85A (1), 1314-20

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) and Official disability Guidelines (ODG) do not address this surgical procedure. Based upon the established medical necessity of the surgery and the complexity of the surgical approach as discussed in the UR request, the guidelines establish the need for a surgical assistant in such procedures. The request for a PA assistant is therefore medically necessary.