

Case Number:	CM14-0215242		
Date Assigned:	01/02/2015	Date of Injury:	02/25/2013
Decision Date:	03/30/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 56-year-old male who reported injury on 02/25/2013. The mechanism of injury was the injured worker was working as a dock worker and was sweeping out a trailer when he tripped and fell on a concrete floor and hit his left knee against a dock plate. Prior treatments included medication and chiropractic treatment as well as therapeutic exercises. The most recent documentation submitted for review was dated 09/09/2014. It indicated the injured worker had neck and back pain and low back pain that increased with activity. The injured worker was noted to have a rotator cuff repair, distal clavicle resection and subacromial decompression for his left shoulder on 05/05/2014. The injured worker had completed 12 postoperative sessions of therapy. The injured worker's medications included Norco 5/325 mg 2 to 4 times per week, and Docuprene for constipation. The injured worker had current complaints of neck and back pain and pain on the left side. The injured worker had radiation of burning, tingling and numbness down his left arm to his palm, ring and middle fingers and described intermittent mid and back pain that was aching. The injured worker had decreased sensation in the left C6 and C7 dermatomes. The injured worker had hypersensitivity in the right C5 dermatome. There was 4+/5 strength in the left deltoid, biceps, internal and external rotators. The injured worker had a negative Hoffman's. The diagnosis included cervical radiculopathy. The treatment plan included an epidural steroid injection and psychiatry followups. There was Request for Authorization nor physician documentation requesting a left ulnar nerve transposition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Ulnar Nerve Transposition: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-46.

Decision rationale: The American College of Occupational and Environmental Medicine indicated surgical consultation may be appropriate for injured workers who have significant limitations of activity for more than 3 months, failure to improve with exercise program to increase range of motion and strength of the musculature around the elbow or clear clinical and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Additionally, they further 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 the clinical findings. There should be documentation of a failure of conservative care including full compliance therapy, use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, work station changes and avoid nerve irritation at night by preventing prolonged elbow flexion while sleeping. There was a lack of documentation meeting the above criteria. There was no physician documentation submitted requesting the ulnar nerve transposition. The conservative care was not noted to be exhausted. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for left ulnar nerve transposition is not medically necessary.