

Case Number:	CM15-0113041		
Date Assigned:	06/19/2015	Date of Injury:	08/21/2007
Decision Date:	07/28/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/11/2015

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, Hand 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 (IW) is a 58 year old male who sustained an industrial injury on 08/21/2007. He reported bilateral wrist and upper back pain due to repetitive job duties. The injured worker was diagnosed as having carpal tunnel syndrome-Lesion of ulnar nerve. Treatment to date has included a carpal tunnel release surgery 01/15/2009. Currently, the injured worker complains of gradual onset of numbness and weakness on the right hand. Examination reveals well healed surgical scar's consistent with right cubital tunnel release and right carpal tunnel release surgery. In the provider notes of 03/23/2015, there is a Tinel's sign on the right cubital tunnel. There is no Tinel's sign on the right carpal tunnel. Nerve conduction studies after the 2009 surgery elicited a question of a recurrent right cubital tunnel syndrome, and discussion was made then about possibly doing recurrent cubital tunnel release with sub muscular transposition. The treatment plan is for the worker to have a secondary surgery for right cubital tunnel release with submuscular transposition. A request for authorization is made for 1 right cubital tunnel release with submuscular transposition.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right cubital tunnel release with submuscular transposition: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Worker's Compensation, Online Edition Chapter Elbow.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 19-19; 36-37.

Decision rationale: In this case, the request is for surgical treatment of presumed recurrent ulnar nerve entrapment at the elbow. Ulnar nerve decompression surgery was previously performed. Very limited recent records were provided and there does not appear to have been any recent electrodiagnostic testing consistent with ongoing ulnar neuropathy at the elbow nor is there any documentation of non-surgical treatment of ulnar neuropathy at the elbow. The California MTUS notes 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. (Page 37)." In this case, there is insufficient documentation of correlating electrodiagnostic abnormalities and failed non-operative treatment. Therefore, the request is not medically necessary.