

Case Number:	CM15-0178888		
Date Assigned:	09/21/2015	Date of Injury:	11/30/2012
Decision Date:	10/30/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/11/2015

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 is a 37 year old female, who sustained an industrial injury on November 30, 2012. Medical records indicate that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome, stenosing tenosynovitis of the right thumb, stenosing tenosynovitis of the left middle, ring, index and little finger and cubital tunnel syndrome. The injured worker was working with modified duties. Current documentation dated August 20, 2015 notes that the injured worker reported left elbow pain with associated numbness and tingling in the ulnar nerve distribution. The injured worker also noted numbness and tingling in her left ring and small finger. Examination of the left elbow revealed tenderness and a positive flexion test. A Fremont's test was negative. Treatment and evaluation to date has included medications, electrodiagnostic studies and occupational therapy. The electromyography study dated (7-24-2015) revealed left cubital tunnel syndrome. Prior surgeries include a right thumb trigger release (3-16-2015), left open carpal tunnel release, left middle finger trigger release and a right carpal tunnel release. A current medication list was not provided. The treating physician recommended surgical intervention to the left elbow. The treating physician's request for authorization dated September 1, 2015 included requests for a left elbow subcutaneous transposition of ulnar nerve, pre-operative electrocardiogram and a post-operative sling. The Utilization Review documentation dated September 9, 2015 non-certified the requests for a left elbow subcutaneous transposition of ulnar nerve, pre-operative electrocardiogram and a post-operative sling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left elbow subcutaneous transposition of ulnar nerve: Overturned

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Ulnar Nerve Entrapment.

Decision rationale: In this case, I recommend overturning the utilization review decision as it appears I have more information available for my review. The patient has symptoms of cubital tunnel syndrome and has undergone routine symptomatic but nonspecific treatment including therapy as well as more specific treatment including night elbow extension splinting and avoidance of elbow flexion during the day. The California MTUS guidelines note that there are no quality studies on which to rely for treatment of ulnar neuropathy (page 18-19). Despite that, low risk and low cost treatments such as those noted above are recommended. In this case, the patient reports substantial ongoing symptoms interfering with activity despite non-surgical treatment including activity modification, therapy, splinting and avoidance of elbow flexion four over three months (night splinting and avoidance of elbow flexion are documented in the treating physician's progress report of May 28, 2015), has positive correlating electrodiagnostic testing consistent with ulnar neuropathy at the elbow and is a reasonable candidate for the proposed surgery making the requested treatment medically necessary.

Pre-operative EKG (Electrocardiogram): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Noncardiac Surgery: Guidelines and Recommendations MOLLY A. FEELY, MD; C. SCOTT COLLINS, MD; PAUL R. DANIELS, MD; ESAYAS B. KEBEDE, MD; AMINAH JATOI, MD; and KAREN F. MAUCK, MD, MSc, Mayo Clinic, Rochester, Minnesota Am Fam Physician. 2013 Mar 15;87(6):414-418.

Decision rationale: The California MTUS does not address preoperative testing. An extensive systematic review referenced above concluded that there was no evidence to support routine preoperative testing. More recent practice guidelines recommend testing in select patients guided by a perioperative risk assessment based on pertinent clinical history and examination findings, although this recommendation is based primarily on expert opinion or low-level evidence. In this case, there is no documented medical history to support the need for the requested evaluation; rather, records indicate the injured worker has undergone multiple surgical procedures without medical or anesthetic complications. Therefore, the request is determined to be unnecessary.

Post-operative sling: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed. Chapter 30, Compression Neuropathies.

Decision rationale: This is a request for a sling to be used following surgery on the ulnar nerve at the elbow. Such details of post-surgical treatment are beyond the scope of the California MTUS, but discussed in the specialty text referenced. A simple sling is often provided to patients following such surgery and is a reasonable concurrent request with the surgery which has been determined to be medically necessary.