

Case Number:	CM15-0023982		
Date Assigned:	02/13/2015	Date of Injury:	08/20/2012
Decision Date:	04/01/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/09/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 60 year old male, who sustained an industrial injury on 8/20/2012. Details regarding the initial injury were not submitted for this review. The diagnoses have included degenerative disc disease lumbar spine with spondylolisthesis, bilateral low extremity radiculitis, and left sacroiliac sprain, right rotator cuff and labrum tear, status post right shoulder arthroscopy 2013, status left rotator cuff repair 2014, left elbow ulnar nerve subluxation associated with early cubital tunnel syndrome. He is status post decompression and fusion L4-S1 1/24/15. Treatment to date has included medication therapy, physical therapy, and surgical intervention. Currently, the IW complains of left shoulder pain with numbness/tingling in left hand. The provider documented the left ulnar nerve slips over the medial epicondyle of the elbow. Physical examination from 12/23/14 documented left elbow with persistent subluxation. The plan of care included proposal of left elbow ulnar nerve release, neurolysis, and anterior transposition. On 1/16/2015 Utilization Review non-certified the left elbow ulnar nerve release and neurolysis with anterior transposition and post operative physical therapy twice a week for six weeks, noting the lack of electrodiagnostic studies to support medical necessity. The MTUS and ACOEM Guidelines were cited. On 2/9/2015, the injured worker submitted an application for IMR for review of left elbow ulnar nerve release and neurolysis with anterior transposition and post operative physical therapy twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left elbow ulnar release and neurolysis with an anterior transposition: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 18, 19, 37.

Decision rationale: The California MTUS guidelines indicate the necessity of a nerve conduction study that includes at least stimulation above and below the elbow to make an accurate diagnosis prior to ulnar nerve surgery. Conservative treatment using elbow padding, avoidance of leaning on the ulnar nerve at the elbow, avoidance of prolonged hyperflexion of the elbow and utilization of NSAIDs is recommended prior to surgical considerations. 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. A decision to operate requires significant loss of function as reflected in significant activity limitations, documentation of failure of conservative care including full compliance in the work station 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. The documentation provided does not indicate a nonoperative treatment program of 3-6 months. There is no nerve conduction study submitted. As such, the request for left elbow ulnar release with neurolysis and anterior transposition is not supported and the medical necessity of the request is not substantiated.

Post op Physical Therapy 2 x week x 6 weeks, left elbow: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.