

Case Number:	CM15-0028463		
Date Assigned:	02/20/2015	Date of Injury:	01/05/2012
Decision Date:	04/02/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/16/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 34-year-old [REDACTED] beneficiary who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of January 5, 2012. In a Utilization Review Report dated February 3, 2015, the claims administrator failed to approve a request for a right cubital tunnel release surgery and EMG testing of the right elbow. The applicant's attorney subsequently appealed. In a November 21, 2014 progress note, the applicant reported persistent complaints of elbow pain. The applicant had not worked since mid 2012, it was incidentally noted. Neck pain radiating to the right upper extremity, constant elbow pain, and numbness of the fourth and fifth digits were appreciated. The applicant reportedly consulted a medical-legal evaluator who opined that the applicant needed surgery. The applicant had been terminated by his former employer, it was noted in another section of the note. The applicant's medications included Norco, morphine, Neurontin, Valium, Flexeril, OxyContin, and Soma. The applicant exhibited positive Tinel sign at the elbow with dysesthesias noted about the right upper extremity in the ulnar nerve distribution and C6 dermatome. The applicant was given a primary diagnosis of cervical radiculopathy with secondary diagnosis of cubital tunnel syndrome. It was stated that the applicant needed cervical spine surgery and ulnar nerve translocation/transposition surgery. On January 14, 2015, the applicant's orthopedic surgeon noted that the applicant needed cervical spine surgery for cervical radiculopathy. The attending provider stated that the applicant also had an ulnar nerve palsy/ulnar neuropathy. Weakness was noted about the right hand grip strength muscle with positive Tinel sign at the elbow. The attending provider stated that the applicant had electrodiagnostic testing in February 2014 which demonstrated an ulnar

neuropathy but did not reveal any evidence of cervical radiculopathy. The attending provider suggested that the applicant undergo an ulnar neuropathy procedure and obtain electrodiagnostic testing to establish a diagnosis of cervical radiculopathy. The attending provider stated that the applicant was a potential candidate for cervical spine surgery based on his interpretation of earlier cervical spine MRI imaging. On January 27, 2015, the attending provider reiterated this request for a right cubital tunnel release surgery with possible translocation. It was stated that the applicant had complaints suggestive of an active cubital tunnel syndrome process for the preceding several years. A Medical-legal Evaluation dated August 1, 2015 did allude to earlier electrodiagnostic testing of February 12, 2014 demonstrating right ulnar neuropathy/right ulnar nerve entrapment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right cubital tunnel release with possible transposition: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42 Occupational Medicine Practice Guidelines.

Decision rationale: Yes, the proposed right cubital tunnel release surgery with possible translocation is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 10, Table 4, page 42, a decompression procedure is recommended for applicants who carry a diagnosis of ulnar nerve entrapment, as was/is present here. ACOEM Chapter 10, Table 4, page 42 further notes that an anterior transposition procedure is recommended in applicants who carry diagnosis of ulnar nerve entrapment with significant activity limitations and delayed findings on nerve conduction testing. Here, the applicant does carry a diagnosis of electrodiagnostically confirmed ulnar neuropathy. The applicant had failed conservative treatment with time, medications, physical therapy, etc. The applicant has been symptomatic for what appears to be a minimum of several years. Moving forward with a cubital tunnel release surgery and/or dislocation procedure, thus, is indicated. Therefore, the request is medically necessary.

EMG of the right elbow: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Table 10-4. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Elbow Complaints 33.

Decision rationale: Similarly, the request for EMG testing of the elbow is likewise medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 10, page 33, EMG studies are recommended if cervical radiculopathy is suspected as a cause of lateral arm pain and that condition has been present for at least six weeks. Here, the attending provider has suggested that the applicant may have issues with an active cervical radiculopathy superimposed on already-established issues with ulnar neuropathy. Earlier electrodiagnostic testing did definitively establish a diagnosis of ulnar neuropathy but was apparently negative for cervical radiculopathy. The applicant's spine surgeon has nevertheless contended that the applicant may very well have an active cervical radicular process and has suggested EMG testing as a precursor to pursuit of possible cervical spine surgery. Therefore, the request is likewise medically necessary.