

Case Number:	CM15-0066164		
Date Assigned:	04/13/2015	Date of Injury:	12/29/2014
Decision Date:	05/19/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/07/2015

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: Illinois, California, Texas
 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 46-year-old female who sustained an industrial injury on 12/29/14. She reported an onset of sharp pain in the right wrist while working on a computer. Pain increased with typing and did not resolve with work station adjustments. Conservative treatment included ice, Tylenol, anti-inflammatories, activity modification, occupational therapy, home exercise, wrist brace, and pain medication. The 2/13/15 right wrist x-rays documented degenerative change primarily at the 2nd carpometacarpal joint. The 3/19/15 electrodiagnostic study conclusion documented evidence supporting a diagnosis of a moderate right ulnar entrapment neuropathy at the elbow. The 3/24/15 treating physician report documented review of the electrodiagnostic study and request for right ulnar nerve submuscular transposition and deQuervain's release on the right. The 4/5/15 treating physician report cited increasing right wrist pain and burning pain at the ulnar forearm and 4th and 5th fingers bilaterally. She was waking at night due to pain and needed stronger pain medication. Wrist pain increased with movement. She was using a soft thumb spice wrist brace, taking anti-inflammatory medication, and did 6 visits of hand therapy that did not help. She was on modified duty. Physical exam documented pain and keeping the right hand close to her body. There was slight diffuse tenderness at the radial wrist, mild tenderness at the ulnar wrist including the TFCC, and mild tenderness at the medial elbow. There was positive Tinel's at the elbow, negative carpal tunnel compression test, and positive Finkelstein's test. The diagnosis was right ulnar nerve entrapment at the elbow and right wrist tendonitis. The treatment plan recommended continued modified duty, Meloxicam, and Norco for severe pain. Authorization for right elbow and wrist surgeries were pending. A Pil-O

brace for the right elbow was provided to keep it straight at night to help paresthesias and burning pain. The 4/1/15 utilization review non-certified the request for right ulnar nerve submuscular transposition as there was no documentation that conservative treatment had been exhausted and submuscular transposition was not supported over simple decompression. The request for deQuervain's release was approved as the injured worker remained symptoms and functionally limited despite guidelines recommended conservative treatment. The 4/7/15 treating physician report indicated that the injured worker had been using an elbow sleeve for a few weeks and an elbow pad for a week without any difference in her pain and tingling in the 4th and 5th fingers. She was waking at night with pain and paresthesias, typing for 15 minutes increased her symptoms, and she was having a difficult time coping with it. Improvement with additional conservative treatment was not anticipated so surgery was requested. The deQuervain's surgery had been authorized but appeal was requested for the ulnar nerve surgery to be done at the same time. The 4/14/15 utilization review regarding appeal of the right ulnar nerve submuscular transposition modified the request and allowed in situ decompression at the right ulnar nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ulnar Nerve Submuscular Transposition: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 240. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-37. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow: Surgery for cubital tunnel syndrome (ulnar nerve entrapment).

Decision rationale: The California MTUS guidelines state 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. The MTUS guidelines state that there are quality studies available on submuscular transposition, and that submuscular transposition has not been shown to be beneficial. The Official Disability Guidelines state that transposition may only be required if the ulnar nerve subluxes on range of motion of the elbow, otherwise simple decompression is recommended. This injured worker presents with persistent and function-limiting right upper extremity pain and numbness into the 4th and 5th fingers. Clinical exam findings are consistent with electrodiagnostic evidence of ulnar nerve entrapment at the elbow. Reasonable conservative treatment has been tried and has failed to provide relief. The 4/14/15 utilization review modified the request for submuscular transposition and approved simple decompression of the ulnar nerve. The request for submuscular transposition over simple decompression is reasonable as the form of decompression is within the purview of the provider. Therefore, this request is medically necessary.

DeQuervains Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), DeQuervain's surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand: de Quervain's tenosynovitis surgery.

Decision rationale: The California MTUS guidelines state that the majority of patients with deQuervain's syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option. The Official Disability Guidelines recommend deQuervains tenosynovitis surgery as an option if there are consistent signs and symptoms and the patient fails 3 months of conservative care with splinting and injection. Surgical treatment of deQuervain's tenosynovitis or hand/wrist tendinitis/tenosynovitis without a trial of conservative treatment, including work evaluation, is generally not indicated. This patient presents with function limiting right hand pain despite conservative treatment, including oral anti-inflammatories, splinting, physical therapy, and corticosteroid injection. The 4/1/15 utilization review certified this request. There is no compelling rationale to support additional certification at this time. Therefore, this request is not medically necessary.