

<b>Case Number:</b>	CM15-0071273		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	01/31/2013
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 27-year-old female who sustained an industrial injury on 1/31/13. Injury occurred when she was walking and her left hand struck the refrigerator door causing swelling and pain from the left hand to the arm. She underwent release of the ulnar nerve at the left elbow, in situ, and release of the ulnar nerve at the left wrist on 8/26/14. The 2/4/15 orthopedic report indicated that the injured worker was status post ulnar tunnel and cubital tunnel release. She did reasonably well but has continued to have severe pain with elbow flexion. The ulnar nerve is subluxing over the medial epicondyle with full elbow flexion. She does not have much pain in extension. She was unable to resume activities due to this subluxation of the nerve. She needed a medial epicondylectomy to prevent this subluxation and pressure on the nerve with elbow flexion. Authorization was requested on 2/11/15 for medial epicondylectomy, ulnar release left elbow, preoperative laboratory evaluation and postoperative hand therapy (2x6). The 3/4/15 treating physician report cited continued worsening pain of the left finger, hand and elbow pain that was aching, numb, and hypersensitive to touch. She cannot use the hand with significant limitation in activities of daily living and work duties. Physical exam documented the left hand to be cold and hypersensitive to touch compared to the right. The 2/20/15 three-phase bone scan showed asymmetric perfusion with greater blood flow in the right wrist than the left wrist indicating a sympathetic override as in reflex sympathetic dystrophy. The diagnosis was reflex sympathetic dystrophy status post ulnar nerve surgery of left upper extremity. The treatment plan requested left stellate ganglion sympathetic block. The 3/31/15 utilization review non-certified the request for medial epicondylectomy and ulnar release left elbow as there was no

electrodiagnostic evidence of ulnar nerve entrapment at the elbow and no documentation of conservative treatment to the elbow. The associated pre-operative and post-operative services were non-certified as the associated surgery was not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Medial Epicondylectomy, Ulnar Nerve Release Left Elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-38.

**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. Guidelines state that medial epicondylectomy for ulnar neuropathy is not recommended. Guideline criteria have not been met. The injured worker presents persistent left elbow, forearm and hand pain and numbness with clinical exam findings and bone scan evidence consistent with reflex sympathetic dystrophy. There is also clinical exam evidence of ulnar nerve subluxation over the medial epicondyle in full elbow flexion. There is no electrodiagnostic evidence of nerve entrapment. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary at this time.

#### **Preoperative H&P, CBC & CMP: 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 Practice advisory for pre-anesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38; Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92 and 93.

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**Postoperative Hand Therapy 2 times a week for 5 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18.

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.