

Case Number:	CM15-0073319		
Date Assigned:	04/23/2015	Date of Injury:	05/31/2011
Decision Date:	06/29/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/17/2015

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 58-year-old female who sustained an industrial injury on 5/31/11, relative to continuous trauma. The 2/22/13 upper extremity electrodiagnostic study evidenced right cubital tunnel syndrome. Conservative treatment was documented to include activity modification, physical therapy, home exercise program, anti-inflammatory medications, pain medications, and topical medications. The 3/10/15 treating physician report cited neck, right upper extremity, and lower back pain. Physical exam documented decreased cervical range of motion, and right C6 spine and trapezius tenderness. There were paresthesias right cubital tunnel with positive Tinel's, persistent 4th and 5th digit numbness, and weakness dropping objects. The diagnosis was C5/6 and C5/6 cervical degenerative disc disease, right olecranon bursitis/medial epicondylitis, right flexor carpi radialis and flexor carpi ulnaris tendonitis, right carpal tunnel syndrome, and right tardy/cubital tunnel syndrome. The treatment plan requested right anterior transposition ulnar nerve. The 3/17/15 pain management report cited a recurrence of neck pain radiating down the right arm with numbness and tingling. She had multiple disc protrusions along with foraminal narrowing and nerve root impingement, particularly at C5/6. She underwent cervical epidural steroid injection about a year ago with significant improvement over greater than 50% reduction in pain for over 9 months. Cervical exam documented moderate to severely limited range of motion with cervical and right paraspinous tenderness. Neurologic exam documented decreased right C6 sensation, slight weakness of right wrist dorsiflexion and intrinsic muscle strength, and symmetric deep tendon reflexes. The diagnosis included multiple cervical disc protrusions with foraminal stenosis and cervicalgia with recurrent right cervical radiculopathy. The treatment plan recommended cervical epidural steroid injection to address neck and right arm symptoms. The 3/28/15 utilization review

non-certified the request for right anterior transposition of the ulnar nerve and associated surgical request as there was not detailed documentation of prior treatment and outcomes, the degree of physical impairment and limitations on activities of daily living, and no discussion of the potential for a double crush syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior transposition ulnar nerve right: 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): 36 and 37.

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. Guideline criteria have not been met. This injured worker presents with complaints of neck and right upper extremity pain. Right upper extremity exam documented exam findings consistent with cubital tunnel syndrome. There is electrodiagnostic evidence of cubital tunnel syndrome. However, detailed evidence of 3 to 6 months of a recent, reasonable and/or comprehensive guideline- recommended non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

Physical therapy 2x6 weeks: 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.

Ceclor 250mg #4: 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.

Norco 325/5mg #60: 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.