MAXIMUS Federal Services

Case Number:	CM15-0075719		
Date Assigned:	04/27/2015	Date of Injury:	07/31/2012
Decision Date:	07/01/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/21/2015

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 65-year-old male who sustained an industrial injury on 7/31/12. The mechanism of injury was not documented. Past medical history was positive for hypertension and phlebitis. The 11/10/14 right elbow x-rays documented an old fracture of the radial head and medial epicondyle with multiple loose bodies. The 11/10/14 right wrist x-rays documented severe carpometacarpal arthrosis and possible osteophyte of the ulnar head. The 3/6/15 upper extremity electrodiagnostic study findings were consistent with severe right cubital tunnel syndrome. The 4/6/15 treating physician report cited right wrist and shoulder pain. The chief complaint was reported as numbness, pain and grip strength in the right hand. Current medications included Prilosec, Relafen and Tramadol and provided minimal improvement. Physical exam documented a right elbow anterior scar with normal supination/pronation. Flexion was 100 degrees and extension 45 degrees with paresthesias and tingling right ulnar nerve distribution. Tinel's was positive in the right elbow for ulnar nerve into digits 4 and 5. There was no intrinsic atrophy, crepitus, swelling, effusion, locking or dystrophic changes noted. Digital range of motion was within normal limits. There was tenderness over the scapholunate interval. Wrist range of motion was moderately limited in dorsal flexion and palmar flexion. The treatment plan recommended anterior transposition of the ulnar nerve due to severe right tardy ulnar palsy. Authorization was request for right ulnar nerve release, 12 post op physical therapy sessions, Ceclor 250mg #4 and Norco 5/325 mg #60. The 4/16/15 utilization review non-certified the right ulnar nerve release and associated surgical requests as there was no

documentation of a guideline-recommended conservative treatment trial for 3-6 months and failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right ulnar nerve release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37, 40. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-37.

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 right hand pain, numbness and grip strength weakness. Clinical exam findings are consistent with electrodiagnostic evidence of cubital tunnel syndrome. There was no evidence of muscle wasting. Detailed evidence of 3 to 6 months of a recent, reasonable and/or comprehensive non-operative guideline-recommended treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

12 post op physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

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 base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm. 2013 Feb 1;70(3):195-283.

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

Norco 325/5 #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 40.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91.

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