

Case Number:	CM15-0076535		
Date Assigned:	04/28/2015	Date of Injury:	07/20/2014
Decision Date:	05/29/2015	UR Denial Date:	04/06/2015
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: Minnesota, Florida
 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:

Per office note of 4/17/2015 this 23-year-old right-hand-dominant male sustained a work injury while using a jackhammer in 2014. The body parts injured included the right hand and wrist. The initial impression was a fracture but no x-rays were available at that time. The subsequent clinical impression was right cubital tunnel syndrome. Subsequent diagnostic testing has included x-rays of both wrists and both hands on 4/17/2015, which were all negative. No fractures were identified from the jackhammer injury. Nerve conduction study and electromyography performed on 4/17/2015 were also negative. There was no evidence of nerve entrapment at the wrist or elbow and there was no evidence of denervation in the sampled muscles. The clinical examination was supportive of a right cubital tunnel syndrome. An MR arthrogram of the right wrist dated 4/8/2015 was said to be negative for fractures, tendon or ligamentous injuries, and showed very mild tenosynovitis of the flexor tendons but nothing significant. The disputed issue is a request for a right cubital tunnel release in the absence of a positive electrophysiologic study and documentation of guideline necessitated 3-6 months of full compliance with recommended conservative care. The surgical request was noncertified by utilization review citing CA MTUS and ODG guidelines and has now been appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right cubital tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-47.

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

Decision rationale: According to California MTUS guidelines, surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with the clinical findings. The 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, work station 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. In this case, the electrophysiologic studies including the nerve conduction study as well as electromyography are negative. Although there is clinical evidence of cubital tunnel syndrome, the guideline requirement of positive electrical studies that correlate with the clinical findings has not been met. It does not appear that the nerve conduction velocity above and below the cubital tunnel was measured to determine any slowing in the cubital tunnel. No increased insertional activity, fibrillations or positive sharp waves were noted in the first dorsal interosseous muscle to indicate ulnar nerve dysfunction. Furthermore, 3-6 months of full compliance with conservative care as necessitated by guidelines has not been documented. As such, the request for a cubital tunnel release is not supported by guidelines and the medical necessity of the request has not been substantiated.

Post-Operative Physical Therapy 2 x 8: 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.