

Case Number:	CM15-0079373		
Date Assigned:	04/30/2015	Date of Injury:	06/13/2012
Decision Date:	05/29/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/24/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

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 55 year old male with extremity symptoms attributed to the cumulative effects of occupational activities between June 2007 and June 2012. He was treated with medications, therapy and November 26, 2013 right carpal and cubital tunnel decompression surgeries. Currently, the injured worker complains of stiffness to right arm with weakness and pain around the right elbow. Physical exam noted tenderness over the right median nerve and a surgical scar over the right olecranon groove. Impressions include status post right carpal tunnel release, status post right ulnar surgery, residual cutaneous nerve irritation of right ulnar at elbow, overuse syndrome of right upper extremity, migraine headaches and sleep disorder. The treatment plan includes further wrist and elbow surgery, therapy and psychiatric evaluation. The request is for surgical re-release of right cubital tunnel under local anesthesia followed by occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open cubital tunnel release for right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 604.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 356-358. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed. Chapter 30 - Compressive Neuropathies Surgery for previously failed procedures - pages 1009-1014.

Decision rationale: The California MTUS notes that, "Evidence is lacking that any of these [ulnar nerve entrapment] surgeries has advantages over conservative treatment. 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." In this case, ulnar nerve entrapment surgery was performed on November 26, 2013 and failed, as did carpal tunnel decompression surgery on the same date. It is well known that secondary surgery for the same problem and symptoms after failed surgery is less successful. The records reviewed suggest electrodiagnostic testing no longer supports the impression of compressive ulnar neuropathy at the elbow. It is medically improbable that a second surgical decompression of the ulnar nerve at the elbow will bring about substantial functional improvement, such as return to work. Rather, it is probable if such surgery were performed that the injured worker would be subjected to yet another failed surgery. Therefore, the request is determined to be medically unnecessary.