

# Becket Systems

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Jan/23/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

right ulnar nerve in situ decompression

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

M.D., Board Certified General Surgery; Fellowship: Orthopedic Hand and Upper Extremity Surgery

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Official Disability Guidelines and Treatment Guidelines  
Pre-authorization review 12/15/11  
Pre-authorization review 12/23/11  
New patient consultation and follow-up notes Dr. 09/07/11 through 12/15/11  
Pre-authorization review 10/27/11  
EMG/NCV studies 10/04/11  
Progress notes Dr. 08/09/11 through 08/23/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who was injured on xx/xx/xx when he tried to catch a shelf that was falling and hit the right posterior elbow. Claimant had sutures, which were subsequently removed. He complains of right elbow pain. Dr. saw claimant for new patient consultation on 09/07/11. It was noted the claimant has a small laceration that has healed on the posterior olecranon, but his pain is more medial to that and radiates up and down the medial side of the forearm and into the fingers causing numbness and tingling in the small and ring fingers on occasion. Examination of the right elbow revealed a healed laceration that is 4mm long on the posterior olecranon. It is slightly tender there but tenderness is mostly at the medial olecranon and medial epicondyle, very tender with Tinel testing to the ulnar nerve with sharp radiations down the medial aspect of the arm and to the small finger. Elbow range of motion is 18-131 degrees with full pronation and supination. When he is distracted he is able to fully extend. He has full motion in the wrist and fingers, but positive Testut sign. There is also positive Wartenberg sign but negative Froment's and negative Geanne sign. There is no thenar or intrinsic atrophy. Static two-point discrimination is 5mm on the radial and ulnar aspects of all fingers including small finger. X-rays were reported as normal. EMG was recommended to fully evaluation condition of the ulnar nerve. Electrodiagnostic testing

performed 10/04/11 reported findings consistent with isolated axonal injury of the right ulnar sensory nerve across the cubital tunnel. Records indicate that the claimant failed to improve with conservative care and was recommended to undergo surgical intervention for right cubital tunnel syndrome. A pre-authorization review performed 12/15/11 determined the request for right ulnar nerve in situ decompression was not medically necessary or appropriate. The reviewer noted that the claimant has not had a full 12-week trial of extension brace/splint. He gave up on it after a week. Criteria for surgery mandate a thorough trial of conservative care, which the claimant has not complied with. A pre-authorization review performed 12/23/11 determined that the request for right ulnar nerve in situ decompression does not meet criteria for medical necessity. It was noted that the exam showed ulnar nerve related deficits with reduced light touch sensation, weakness and Tinel's testing. There was no atrophy. EMG showed isolated axonal neuropathy. The doctor recommended three more weeks of splinting on 12/15/11. It was noted the claimant has failed to improve with three months of conservative care from August to November 2011. There was no follow-up exam since 11/10/11. There was no recent exam to assess effects of splinting, medication and activity modification. A reassessment is recommended to document failure of splinting. At this time medical necessity is not established.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

This man is noted to have sustained an injury when he struck his right elbow on a shelf on xx/xx/xx. There was a laceration requiring sutures. The claimant continued to complain of right elbow pain. Electrodiagnostic testing revealed findings consistent with isolated axonal injury of the right ulnar sensory nerve across the cubital tunnel. The claimant was noted to have had extensive non-operative treatment, but the records indicate the claimant discontinued splinting after only one week, reporting he has not gotten any relief with splinting. Official Disability Guidelines indicate that initial conservative treatment is required prior to proceeding with surgery for cubital tunnel syndrome, requiring all of the following: exercise with strengthening of the elbow flexors/extensors; activity modification; medication/NSAIDs; and use of elbow pad and/or night splinting for three month trial period. As noted on previous review, it does not appear that the claimant completed an appropriate course of conservative care prior to the request for surgical intervention. As such, the reviewer finds medical necessity is not established for right ulnar nerve in situ decompression.

#### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)