



PROVIDER BULLETIN: 09-09

Title: Work-Related Ulnar Neuropathy at the Elbow (UNE) Diagnosis and Treatment

To:

ARNPs
 Chiropractors
 Clinics
 Medical Physicians
 Naturopathic Physicians
 Osteopathic Physicians
 Physician Assistants
 Self-insured employers

From: (Contact)

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Affects: State Fund claims Self-Insured claims
 Crime Victims Compensation Program All locations

Effective Date: January 1, 2010 **Removal from Web Date:** July 1, 2011

Provider Bulletins are temporary communications to announce changes to rule, law, policy, coverage decision, medical treatment guideline or program. For access to the complete and most current information to this guideline please visit:

<http://www.lni.wa.gov/ClaimsIns/Files/OMD/UNEFinalGuideline102609.pdf>

Purpose

This bulletin provides notice of a new medical treatment guideline for ulnar neuropathy at the elbow (UNE). This guideline is effective on January 1, 2010. Only highlights and the summary are presented here. The complete guideline is posted at:

<http://www.lni.wa.gov/ClaimsIns/Files/OMD/UNEFinalGuideline102609.pdf>

The guideline is an educational resource for providers who treat injured workers in the Washington workers' compensation system under Title 51 RCW. It also defines review criteria for claim managers, occupational nurses, and the department's utilization review staff to help ensure diagnosis and treatment of ulnar neuropathy at the elbow is of the highest quality.

Guideline Highlights

- The most recent available scientific literature was reviewed.
- A provisional diagnosis can be made based on the worker's history and physical.
- A confirmed diagnosis requires an abnormal electrodiagnostic test result.
- Surgery will not be authorized without a confirmed diagnosis.
- Return to Work issues are addressed.
- An electrodiagnostic worksheet is provided.
- A summary table with review criteria is included.

Background

This guideline was developed in 2009 by Washington State's Labor and Industries' Industrial Insurance Medical Advisory Committee (IIMAC) and its subcommittee on Upper Extremity Entrapment Neuropathies. The subcommittee presented its work to the full IIMAC, and the IIMAC made an advisory recommendation to the department to adopt the guideline. This guideline was based on the weight of the best available clinical and scientific evidence from a systematic review of the literature and on a consensus of expert opinion. One of the committee's primary goals is to provide standards that ensure a uniformly high quality of care for injured workers.

The contents of the complete guideline include:

- I. Introduction
- II. Establishing Work-Relatedness
- III. Making the Diagnosis
 - A. Symptoms and Signs
 - B. Electrodiagnostic Testing
 - C. Other Diagnostic Tests
- IV. Treatment
 - A. Conservative Treatment
 - B. Surgical Treatment
- V. Return to Work (RTW)
 - A. Early Assessment
 - B. Returning to Work following Surgery
- VI. Electrodiagnostic Worksheet
- VII. Guideline Summary

Guideline Summary

Review Criteria for the Diagnosis and Treatment of Ulnar Neuropathy at the Elbow (UNE)				
CLINICAL FINDINGS			CONSERVATIVE TREATMENT	SURGICAL TREATMENT
SUBJECTIVE	OBJECTIVE*	DIAGNOSTIC		
<p>Pain or dysesthesias in the ring and small fingers (4th or 5th digits) often coupled with pain in the proximal medial aspect of the elbow.</p> <p>Note: Pain or paresthesias may worsen at night.</p>	<p>Diminished sensation of ring and little fingers and medial aspect of the hand</p> <p>OR</p> <p>Progressive muscle weakness with inability to separate fingers, loss of power grip and poor dexterity</p> <p>OR</p> <p>Atrophy of ulnar intrinsic muscles of hand</p> <p>OR</p> <p>Clawing contracture of ring and little fingers</p> <p>OR</p> <p>Froment's sign</p>	<p>EDS are required to objectively confirm the diagnosis of UNE. .</p> <p><u>Electrodiagnostic criteria are as follows (at least two of the criteria should be met):</u></p> <ol style="list-style-type: none"> 1. Slowing of above elbow (AE) to below elbow (BE) nerve conduction velocity to less than 50 m/s in either ADM or FDI. 2. Focal slowing on inching studies of the ulnar nerve across the elbow, defined as a latency difference exceeding 0.7 msec across a 2-cm segment (or 0.4 msec across a 1-cm segment). 3. Compound muscle action potential (CMAP) amplitude decrease of >20% between AE and BE waveforms† 4. CMAP duration increase of >30% between AE and BE waveforms* <p>*For electromyographers: for findings 3 and 4, and particularly when there is an amplitude drop between wrist and BE, the presence of Martin-Gruber anastomosis must be excluded as a cause of these findings.</p>	<p>Modified activities</p> <p>Avoid leaning on elbows</p> <p>Splinting to limit flexion at elbow</p> <p>Padding to limit pressure on elbow</p>	<p>Surgical treatment should be considered if:</p> <ol style="list-style-type: none"> 1. The condition does not improve despite conservative treatment, and 2. The condition interferes with work or activities of daily living, and 3. The patient has met the diagnostic criteria under Section III of the complete guideline text. <p>Unless the patient meets criterion #3, surgery is not indicated and will not be authorized.</p> <p>Surgery should include exploration of the ulnar nerve throughout its course around the elbow, and release of all compressive structures. Complete release may require nerve decompression at multiple sites and may also require Z-lengthening of the flexor pronator origin.</p>

* In unusual circumstances, a patient may have appropriate symptoms and abnormal EDS without objective physical findings.

Department of Labor & Industries

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All Requests for Surgery due to Ulnar Neuropathy at the Elbow Require Prior Authorization

How to request prior authorization for surgery:

For State Fund Claims

All requests are reviewed by L&I's utilization review (UR) vendor (Qualis).

To request a review for an inpatient hospitalization or an outpatient procedure that requires UR, please contact Qualis Health in any of the following ways:

- **Web:** Qualis Health's preferred method for receiving UR requests is via a secure, Internet application called iExchange. For more information or to schedule a training session, please go to the Qualis Health web page at http://www.qualishealth.org/cm/washington-landi/web-based_um_request.cfm.
- **Phone:** 800-541-2894 (toll free) or 206-366-3360
- **Fax:** 877-665-0383 (toll free) or 206-366-3378

For Self-Insured Claims

Contact the self-insured employer (SIE) or their third party administrator (TPA) to request authorization. For a list of SIE/TPAs, go to:

<http://www.Lni.wa.gov/ClaimsIns/Insurance/SelfInsure/EmpList/FindEmps/Default.asp>

For Crime Victims

To request a review for an inpatient hospitalization or an outpatient procedure that requires UR, please contact the Crime Victims' Compensation Program's Claim Manager by:

- **Phone:** 800-762-3716 (toll free)
- **Fax:** 360-902-5333

Additional information is available at: www.CrimeVictims.Lni.wa.gov

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