

Case Number:	CM13-0016337		
Date Assigned:	11/06/2013	Date of Injury:	01/22/2010
Decision Date:	05/20/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/26/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54-year-old female injured in a work related accident on 01/22/10. Clinical records indicate that since the time of injury the patient has undergone a cubital tunnel release on 05/10/12 with current continued complaints of persistent ulnar neuropathy. Postoperative clinical records for review include documentation of a 02/20/13 electrodiagnostic study report showing similar findings to the 06/03/11 report with ulnar neuropathy at the elbow. A follow up of 09/10/13 indicated continued complaints of discomfort in the right upper extremity including the medial aspect of the elbow to palpation and persistent numbness to the ring and small digit. Objectively, there was tenderness to palpation over the ulnar nerve and medial epicondyle with positive Tinel's sign and diminished grip strength. Based on failed conservative care and a diagnosis of recurrent cubital tunnel syndrome and medial epicondylitis, surgical intervention was recommended in the form of a revision cubital tunnel release with a medial epicondylectomy for further treatment. Conservative care over the past several months failed to demonstrate Final Determination Letter for [REDACTED] previous injection to the medial epicondyle.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT REVISION OF RIGHT CUBITAL TUNNEL RELEASE WITH NEUROLYSIS, MEDIAL EPICONDYLAR REPAIR, AND ANTERIOR SUBMUSCULAR TRANSPOSITION OF THE ULNAR NERVE.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

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

Decision rationale: Based on California MTUS ACOEM Elbow 2007 Guidelines, the proposed revision right cubital tunnel release with neurolysis, medial epicondylar repair and anterior sub muscular transposition of the ulnar nerve cannot be recommended as medically necessary. The records provided for review do not give a clear clinical picture of the claimant's recent conservative measures for the diagnosis of recurrent cubital tunnel syndrome or medial epicondylitis to support the role of revision surgery with a medial epicondylar release/repair. The absence of the above would fail to satisfy ACOEM Guideline criteria. This is taking in to account the fact that the patient has already undergone a cubital tunnel release procedure with no significant benefit. It is unclear as to why a second procedure of a similar nature would be of benefit. Furthermore, there is no documentation of subluxation of the ulnar nerve on examination to support the request for sub muscular ulnar nerve transposition. The request is not medically necessary.