MAXIMUS Federal Services

Case Number:	CM13-0016681		
Date Assigned:	12/27/2013	Date of Injury:	07/12/2011
Decision Date:	02/24/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 claimant is a 46-year-old gentleman who was injured on July 11, 2011. The clinical records available for review included a July 30, 2013 assessment by [redacted] who noted the claimant had continued complaints of pain about the elbow with diminished sensation to the digits. It was also noted that he failed conservative care including physical therapy, activity restrictions and medication management. Physical examination showed tenderness over the cubital tunnel with positive Tinel's sign reproducing pain at the medial epicondyle. Cubital tunnel release was recommended at that time. No other formal physical examination findings were noted. Documentation of prior electrodiagnostic studies from April 8, 21013 showed a normal study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ulnar nerve transposition/decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): s 603-06.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: elbow procedure - Surgery for cubital tunnel syndrome (ulnar nerve entrapment).

Decision rationale: The Physician Reviewer's decision rationale: Based on California MTUS ACOEM 2007 Guidelines for the Elbow, and supported by Official Disability Guideline criteria, the role of surgical decompression at the ulnar nerve as well as a transposition would not be indicated. Guideline criteria clearly indicate that firm diagnosis of cubital tunnel syndrome must be supported by both physical examination and electrodiagnostic testing. Current records document that electrodiagnostic studies were normal and would not confirm the diagnosis in question. The clinical records also would not support the role of a transposition without documentation of subluxation of the nerve on examination. Based upon the lack of this information, the proposed surgery cannot be supported.