

Case Number:	CM13-0018841		
Date Assigned:	12/18/2013	Date of Injury:	10/11/2011
Decision Date:	04/24/2014	UR Denial Date:	08/17/2013
Priority:	Standard	Application Received:	09/03/2013

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 48-year-old gentleman who sustained injuries to the left upper extremity in a work related accident on October 11, 2011. Specific to the elbow, the records for review included a December 13, 2013 progress report documenting continued sharp and throbbing pain in the elbow with radiating numbness to the fourth and fifth digits of the hand. Physical examination was documented to show tenderness of the left elbow to palpation over the medial epicondyle with tenderness over the ulnar nerve and forearm. There was full and unrestricted range of motion, diminished sensation over the left fourth and fifth digits. The claimant was diagnosed with cubital tunnel syndrome of the elbow. Formal imaging and testing was not available for review. Nerve conduction studies of 2012 only noted the claimant had "nerve damage". No documentation of conservative care was given. Recommendation was made for a cubital tunnel release and medial epicondylectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT CUBITAL TUNNEL RELEASE AND MEDIAL EPICONDYLECTOMY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Elbow Surgery.

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

Decision rationale: Based on ACOEM Elbow Guidelines, the request for left cubital tunnel release and medial epicondylectomy cannot be recommended as medically necessary. The ACOEM Elbow Guidelines regarding cubital tunnel release indicate that a firm diagnosis based on clear clinical evidence of findings and positive electrodiagnostic studies to correlate with the clinical findings need to be present before proceeding with operative intervention. In this case, documentation only indicates that the employee has "nerve damage" on electrodiagnostic testing with no formal report available for review. There is also no documentation of recent conservative care over a three to six month period of time to support the need for surgery. The specific request would not be indicated. Also in regards to the employee's diagnosis of medial epicondylitis, there is no documentation of six months of conservative care including three to four different types of conservative measures, particularly injections to support the role of the procedure as well.