

Case Number:	CM13-0023321		
Date Assigned:	12/11/2013	Date of Injury:	06/24/2011
Decision Date:	01/28/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/12/2013

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 42-year-old female who was injured in a work-related accident on June 24, 2011. Clinical records include an assessment dated October 8, 2013 that indicated subjective complaints of left upper extremity cubital tunnel syndrome for which formal objective findings were not documented. Previous evaluations included a physical examination on August 27, 2013 with [REDACTED]. The doctor documented continued complaints of tingling to the fifth digit, as well as medial elbow pain to the left upper extremity. Objectively, there was 5/5 motor strength to the upper extremity with medial tenderness to palpation over the epicondyle with positive Tinel's testing at the ulnar groove. The diagnoses were medial epicondylitis and cubital tunnel syndrome. Authorization for left cubital tunnel release and a left medial epicondylar release was recommended. Further clinical records reviewed include evidence of prior upper extremity electrodiagnostic studies only noted to have been performed to the right upper extremity. Formal documentation of left upper extremity electrodiagnostic studies is not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

left elbow release surgery for cubital tunnel release and left epicondyle release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 36.

Decision rationale: Guideline criteria in regards to medial epicondylitis indicates that 3+ months of conservative care, including 3-4 different types of conservative modalities, should be utilized with a typical minimum of 6 months of treatment prior to considering surgical intervention. In regards to cubital tunnel syndrome, surgery is supported once an established diagnosis based on clinical evidence and positive electrodiagnostic studies clearly link the claimant's clinical findings with documentation of six months conservative care including rest, elbow pads, and immobilization. The records in this case fail to demonstrate recent conservative measures over the past 6 months, and no formal electrodiagnostic studies of the left upper extremity to confirm or refute the claimant's current diagnosis of cubital tunnel syndrome or ulnar nerve entrapment. The specific request in this case is not supported.