

Case Number:	CM13-0025456		
Date Assigned:	11/20/2013	Date of Injury:	10/30/2007
Decision Date:	02/11/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/18/2013

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.

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 53-year-old gentleman who was injured in a work related accident on 10/30/07. Clinical records in this case are for the sole purpose of decision on an assistant surgeon for an operative procedure, which was going to include an ulnar neurolysis for transposition of the ulnar nerve to be performed to the claimant's right elbow. Further clinical records are indicative in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant surgeon between 7/31/13 and 10/20/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34-35.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 17th edition: assistant surgeon Assistant Surgeon Guidelines (Codes 64712 to 65135), CPT® Y/N Description. 64718 N Neuroplasty and/or transposition; ulnar nerve at elbow.

Decision rationale: California MTUS Guidelines are silent. When looking at Milliman Care Guidelines, the role of an assistant surgeon for the surgical process in question, which include a cubital tunnel release and transposition of the ulnar nerve at the elbow is not indicated

ulnar neurolysis and transposition, possible neurolysis of medial antibrachial cutaneous nerve, right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37.

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 Treatment in Worker's Comp , 18th Edition, 2013 Updates: Elbow Procedure - Surgery for cubital tunnel syndrome (ulnar nerve entrapment).

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, surgical process in this case would not be indicated. While the claimant meets California ACOEM Guidelines for role of intervention for ulnar nerve entrapment, criteria for transposition of the ulnar nerve is based on Official Disability Guidelines criteria that would recommends transposition only if ulnar subluxation is present with range of motion of the elbow. While records indicate a compressive process to the ulnar nerve, there is no clear documentation of subluxation of the nerve itself. This would fail to necessitate the role of the proposed surgery as requested.