

Case Number:	CM13-0032196		
Date Assigned:	02/26/2014	Date of Injury:	09/20/2010
Decision Date:	05/07/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/07/2013

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 claimant is a 60-year-old female injured in a work-related accident on September 20, 2010. The clinical records available for review document bilateral upper extremity and neck injuries. An October 10, 2013, progress report documents: ongoing complaints of right elbow pain and examination findings consistent with medial epicondylitis; a positive Tinel's sign with dysesthesias to the ulnar digits consistent with a diagnosis of medial epicondylitis; and cubital tunnel syndrome. The previous clinical records available for review indicate the claimant has been treated with medication management and intramuscular injections of Toradol. A May 2, 2013, electrodiagnostic study report documents moderate carpal tunnel syndrome with no indication of ulnar neuropathy. This request is for right ulnar nerve transposition with cubital tunnel release and medial epicondylar release, as well as postoperative physical therapy, an arm sling and medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT CUBITAL TUNNEL RELEASE WITH ULNAR NERVE TRANSPOSITION AND MEDIAL EPICONDYLAR RELEASE, RIGHT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Based on California ACOEM Elbow 2007 Guidelines, surgery to include cubital tunnel and epicondylar release would not be indicated. Electrodiagnostic studies do not support the need for cubital tunnel release, as there is no indication of ulnar entrapment or neuropathy. Furthermore, the claimant's elbow has not been treated with modalities specific to the medial epicondyle that indicate acute need for operative intervention. The role of surgery in this case has not been established based on the ACOEM Elbow 2007 Guidelines and would not be medically necessary.

**POST-OPERATIVE REHAB AND GENTLE RANGE OF MOTION EXERCISES
THREE TIMES A WEEK FOR FOUR WEEKS QUANTITY TWELVE SESSIONS:**

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

ARM SLING: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.