

Case Number:	CM13-0032569		
Date Assigned:	12/11/2013	Date of Injury:	02/21/2013
Decision Date:	03/12/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/08/2013

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 least at 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 patient is a 38-year-old female who was injured on 02/21/13. The clinical records for review included electrodiagnostic studies of the upper extremities dated 05/03/13 that showed decreased nerve conduction velocity to the ulnar nerve across the right elbow consistent with cubital tunnel syndrome. The follow up report dated 10/03/13 with [REDACTED] documented a diagnosis of cubital tunnel syndrome with subjective complaints of continued right shoulder, elbow, and wrist pain with tingling into the digits. Objectively, there was documented subluxation of the ulnar nerve at the bicipital groove with positive Phalen's and Tinel's testing at the wrist. The claimant was diagnosed with cubital tunnel syndrome, which was noted to have failed conservative care. Surgical decompression and transposition was recommended based on the examination findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right medial epicondyle debridement, right ulnar nerve transposition, and right carpal tunnel release: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, request for the surgical process to the cubital tunnel in the form of decompression and transposition would appear warranted. The claimant has failed greater than six months of conservative care with documentation of (1) subluxation on examination, and (2) positive compressive pathology on electrodiagnostic studies. The combination of the claimant's entire clinical picture would satisfy guideline criteria for the request for the surgical process in question.