

Case Number:	CM13-0034758		
Date Assigned:	12/11/2013	Date of Injury:	03/13/2013
Decision Date:	01/24/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/15/2013

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 Surgeon and Sports Medicine 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 patient is a 40-year-old female who reported an injury on 03/13/2013 when she was reported to be lifting heavy boxes of brochures. She is noted to have been diagnosed with CTD of the bilateral upper extremities, bilateral cubital tunnel syndrome, and bilateral carpal tunnel syndrome. A request was submitted for an ulnar nerve decompression with medial epicondylectomy of the left elbow. The patient is reported to have complaints of numbness and tingling in both hands at wrists and forearms. She is reported to have undergone and electrodiagnostic study on 03/15/2013 which his reported to show mild right carpal tunnel syndrome, mild bilateral ulnar nerve entrapment at the elbows. She is noted to have treated conservatively with NSAIDS, splints, Pil-O-Splint, ice therapy, 25 sessions of occupational therapy from 05/08/2013 to 07/29/2013 and to have undergone a right carpal tunnel steroid injection on 05/28/2013. A clinical note dated 09/17/2013 reported the patient continued to have pain in the right greater than left hand as well as numbness and tingling in the little and ring fingers bilaterally. She reported pain at the left elbow greater than right elbow. On physical examination, the patient is noted to have a positive Tinel's at the ulnar nerve at the left elbow, positive Phalen's on the right to the little and ring fingers, and mild tenderness at the volar distal forearm bilaterally. Her grip strength on the right was 25 pounds and her grip strength on the left was 30 pounds. A plan was made for an ulnar nerve decompression, left elbow, with medial epicondylectomy as soon as possible as the patient's symptoms were refractory to conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

ulnar nerve decompression with medial epicondylectomy at the left elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45-46.

Decision rationale: The California MTUS Guidelines state that surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings and the decision to operate requires significant loss of function as reflected by significant activity limitations due to the nerve entrapment and the patient had failed conservative care. Although the patient is noted to have findings on physical examination of ulnar nerve entrapment, the electrodiagnostic study testing that reported to have been performed on 03/15/2013 was not submitted for review to support the request. As such, the request for an ulnar nerve decompression with medial epicondylectomy does not meet guideline recommendations. Based on the above, the request for ulnar nerve decompression with medial epicondylectomy at the left elbow is non-certified.